

Edit/Audit Inquiry Results Edit-400

ESC-400

Edit Information

Edit Number	400	esc Number	400	NCPDP Code	
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Short Desc	Duplicate Rx Number/Different Drug Code				
Long Desc	Duplicate Rx Number/Different Drug Code				
Edit Criteria	IT WAS DECIDED DURING REQUIREMENTS THAT THIS EDIT WAS REDUNDANT TO THE OTHER HISTORY EDITS AND NO LONGER NEEDED. For pharmacy payment requests, if the enrollee number, prescription number, date of service and quantity are the same, but the NDC code is different, then set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		OFF	
		OFF	
EMC		OFF	
		OFF	
Adjustment		OFF	
		OFF	
POS		OFF	
Encounter		6	
Special Batch		OFF	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-401 ESC-401

Edit Information

Edit Number	401	esc Number	401	NCPDP Code	78
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Short Desc	Charges Exceed Maximum Allowance				
Long Desc	Charges Exceed Maximum Allowance - Submit on Paper for Individual Consideration				
Edit Criteria	If the calculated allowed amount exceeds the maximum allowed amount on the Drug Benefit Master, set this edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	\$	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	407	PEND	
	407	PEND	
EMC	407	PEND	
	407	PEND	
Adjustment	407	PEND	
	407	PEND	
POS		DENY	
Encounter		2	
Special Batch	407	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-402

ESC-402

Edit Information

Edit Number	402	esc Number	402	NCPDP Code	
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Short Desc	Number of Days Exceed Medicare Allowable				
Long Desc	Number of Days Exceed Medicare Allowable				
Edit Criteria	<p>For Title 18 (claim type 09): Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.</p> <p>1) If the provider class type = 27 (CS-SNF) and the from date of service year <= 89 and the payment request's coverage code = A (form XOVA) and the days stay > 45, set this edit.</p> <p>2) For provider class types 06 (SNF-MH), 10 (SNF-Non-MH), 11 (SNF-MR), 27 (CS-SNF), 28 (SNF-State), or 92 (SNF-NE): If the payment request's coverage code = A (form XOVA) and the from date of service is >= 01/01/89 and < 01/01/90 and the days stay > 8, set this edit.</p> <p>3) If the payment request's coverage code = A (form XOVA) and the from date of service is >=01/01/90 or < 01/01/89: a) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count from admission to thru date of service is greater than 100: If there is an attachment, set edit 0244. If there is no attachment, set this edit. b) if the provider class type = 10 (SNF-Non-MH), the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count of admission date plus 20 overlaps the payment days within the dates of service, i.e. the payment days</p>				

	include any or all of the first 20 days of the stay, and there is an attachment, set edit 0244. c) If the provider class type = 10, the payment request was submitted by a carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID = EDI (carrier/intermediary), and the days count from admission to thru date of service is greater than 100: If there is an attachment, set edit 0444. If there is no attachment, set this edit. d) If the provider class type = 6, 11, 27, 28, or 92 and the days stay > 100, set this edit.				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	

Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

Title XVIII:
Review attachment.

1. If attachment is Medicare EOB and the Medicare payment matches the number of days billed, override with code 0402 and disposition indicator O.
2. If attachment is not a Medicare EOB, deny with code 0244 and disposition indicator D.
3. If attachment is a Medicare EOB but the Medicare payment does not match days billed, deny with code 0402 and disposition indicator D.

Edit/Audit Inquiry Results Edit-403

ESC-403

Edit Information

Edit Number	403	esc Number	403	NCPDP Code	70
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Short Desc	NDC Not Covered
Long Desc	NDC Not Covered
Edit Criteria	<p>For Pharmacy (claim type 06), if the NDC is not a covered drug on the date of service based on Obsolete Date or the date of service on the claim is before the Drug Coverage Begin Date (Coverage Begin) DE5201, set the edit.</p> <p>For Physician, Xover-B and Lab claims (claim type 05,09 and 08), if Jcode is submitted and NDC is not a covered drug on the date of service based on Obsolete Date, set the edit.</p> <p>For claim type HCFA Claims CT (05,08 and 09 XOVB)</p> <p>If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 and NDC is not a covered drug on the date of service based on Obsolete Date, set the edit. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	Y

Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007 and disposition is EOB. Encounter disposition for Physician, Xover-B and Lab claims is 0.

Resolution

(None)

Edit/Audit Inquiry Results Edit-404

ESC-404

Edit Information

Edit Number	404	esc Number	404	NCPDP Code	
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Short Desc	INVALID SERVICE VENDOR FOR DOS				
Long Desc	INVALID SERVICE VENDOR FOR DATE OF SERVICE				
Edit Criteria	If it is Dental claim (claim type 11) and vendor is Doral (vendor # 1076) if thru- Date of service is less than 07/01/2005 post the edit				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA014	ADA Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-405

ESC-405

Edit Information

Edit Number	405	esc Number	405	NCPDP Code	
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Short Desc	Eyeglasses Not Covered by Program				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-406

ESC-406

Edit Information

Edit Number	406	esc Number	406	NCPDP Code	85
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Short Desc	Provider Not Approved for POS				
Long Desc	Provider Not Approved for POS				
Edit Criteria	<p>If the claim payment request is entered by POS and the provider EMC billing indicator (DE 4081) is not set for POS authorization (POS authorization = 6) , set the edit.</p> <p>That is, using the claim billing provider number, read the PS_PROV_ECOMM_TYPE table where C_ECOMM_CVAL = P and the claim's dates of service are within D_PROV_ECOMM_BEGIN and D_PROV_ECOMM_END. If no rows are found, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		N/A	
		N/A	
EMC		N/A	
		N/A	
Adjustment		N/A	
		N/A	
POS		DENY	
Encounter		0	
Special Batch		N/A	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-407 ESC-407

Edit Information

Edit Number	407	esc Number	407	NCPDP Code	
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Short Desc	No Bill Type 112				
Long Desc	No Bill Type 112				
Edit Criteria	For Inpatient (claim type 01) or Title 18 (claim type 09) Inpatient, if the provider class type = 01 (Hospital), 91 (Out-of-State Hospital), 14 (Rehab Hospital), or 85 (Out-of-State Rehab Hospital) and a payment request with a type of bill = 113 or 114 is submitted but a payment request for type of bill 112 has not been adjudicated as paid and is not SLH with a denied/pended status of 0917, 0836, or 0834, set the edit. If the edit is set, the claim will pend and recycle for 90 days. After 90 days if the edit condition still exists, the claim will deny or pend to a location to be worked depending on the edit disposition.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority		Recycle Days	90
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOA	Effective Date	7/1/1996	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

For SLH the effective DOA is 10/1/01.

Resolution

(None)

Edit/Audit Inquiry Results Edit-408

ESC-408

Edit Information

Edit Number	408	esc Number	408	NCPDP Code	
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Short Desc	21 Day Hospital Care Limit Exceeded				
Long Desc	21 Day Hospital Care Limit Exceeded				
Edit Criteria	<p>For Title 18 (claim type 09):</p> <p>Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.</p> <p>If the payment request's coverage code = A (form XOVA) and the aid category does not = 023 (aged), 043 (blind), or 063 (disabled), and the premium indicator is not = Q (see note below) and the days stay (the difference between the thru date of service and the admission date + 1) is > 21,</p> <p>1) and the provider class type = 008 (State MH-Med-Surg) or 009 (Med-Surg-MR), set the edit.</p> <p>2) and the provider class type = 001 (Hospital) or 091 (Non-enrolled Hospital) and the admission date is < 01/01/2000, set the edit.</p> <p>Note: An enrollee is QMB dually eligible when his aid category is not equal to 023, 043, or 063 AND one of his TPL coverage codes = A or Y and the month and year of the enrollee's application date is less than the month and year of the from date of service OR one of his TPL coverage codes = A or Y and the enrollee was eligible any part of the month prior to the from date of service. If he is determined to be QMB dually eligible, his premium indicator is set to Q.</p> <p>For claim type 05:</p> <p>Claim type 05 part of this edit has been deleted - incorporated into Edit 258.</p> <p>For the activity payment request, if the enrollee is less than 21 years old on the thru date of service and the from date of service is > 9/30/86, bypass this edit.</p>				

	<p>A current activity (claim type 05) is checked against an enrollee's history (claim type 05) in order to limit the number of consecutive days of service to a maximum of 21. Claims exceeding 21 days with any procedure modifier = 22 or 99 or the emergency indicator = Y and the accident, employment and auto accident indicators = N OR the emergency indicator = Y and either of the accident, employment or auto accident indicators = Y (emergency or accident), set edit 0258. Otherwise, they set this edit.</p> <p>An activity payment request must meet the following criteria in order to be included in the edit:</p> <ol style="list-style-type: none"> 1) Have a from date of service > 6/30/82 2) Have a valid 21-day procedure listed below 3) Have a place of treatment = 21 (inpatient hospital) <p>A history payment request must meet the following criteria in order to be included in the edit:</p> <ol style="list-style-type: none"> 1) Have a from date of service > 6/30/82 2) Have a valid 21-day procedure listed below 3) Have a place of treatment = 21 (inpatient hospital) 4) Have the same servicing provider as the activity payment request 5) The difference between the activity from date of service and the history from date of service must not be more than 22 days 6) If the enrollee is less than 21 years old on the history thru date of service and the history from date of service is > 9/30/86, exclude the history payment request. <p>If the number of consecutive days between the activity payment request and a history payment request exceeds 21 days, set the edit on the activity request as explained above.</p> <p>Valid values for 21-day procedure codes are:</p> <p>90200 - 90292 90600 - 90630 90801 - 90872 90941 - 90999 99150 - 99174 99221 - 99238 99241 - 99255 99431, 99433, 99291, 99292, 99440</p>				
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOA	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-409

ESC-409

Edit Information

Edit Number	409	esc Number	409	NCPDP Code	
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Short Desc	Medical Justification Not Indicated on Invoice				
Long Desc	Medical Justification Not Indicated on Invoice				
Edit Criteria	This edit is used by Pend Resolution to deny payment requests when the length of stay is less than or equal to 3 days and there is no justification on the payment request or no justification attached to claims.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	v
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-410

ESC-410

Edit Information

Edit Number	410	esc Number	410	NCPDP Code	
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Short Desc	Documentation Not Received				
Long Desc	Documentation Not Received				
Edit Criteria	<p>For Practitioner (claim type 05), if the provider class type = 64 (prosthetic), the payment request was not electronically submitted, there is no PA on file, and no attachment was submitted with the request, set the edit.</p> <p>For all EDI claim types, if claims have been submitted with an attachment control number (ACN) and pend, the pend technician can transfer them to location 750 for up to 21 days after which they will automatically deny with this edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-411 ESC-411

Edit Information

Edit Number	411	esc Number	411	NCPDP Code	
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Short Desc	Resubmit Invoice with Supporting X-rays				
Long Desc	Resubmit Invoice with Supporting X-rays				
Edit Criteria	This edit is used by Pend Resolution to deny a payment request which was not submitted with x-rays and x-rays are required.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-412

ESC-412

Edit Information

Edit Number	412	esc Number	412	NCPDP Code	
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Short Desc	Procedure Not Processable on Magnetic Tape				
Long Desc	Procedure Not Processable on Magnetic Tape				
Edit Criteria	This edit is deleted. For Practitioner (claim type 05), if the provider class type = 64 (prosthetic) and the payment request was electronically submitted and the procedure does not require a PA, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-413

ESC-413

Edit Information

Edit Number	413	esc Number	413	NCPDP Code	
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Short Desc	Wrong X-ray Combination Use Code 00212				
Long Desc	Wrong X-ray Combination Use Code 00212				
Edit Criteria	This edit is used by Pend Resolution to deny payment requests submitted with the wrong X-ray combination.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/1/1999	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-414

ESC-414

Edit Information

Edit Number	414	esc Number	414	NCPDP Code	
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Short Desc	Home Based/Spec Care Not in Effect Serv Date				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. The service is on the PA File in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-415

ESC-415

Edit Information

Edit Number	415	esc Number	415	NCPDP Code	
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Short Desc	Servicing Provider ID Not Approved Provider
Long Desc	Servicing provider ID is not the approved provider.
Edit Criteria	<p>For Inpatient (claim type 01): If the provider class type = 04 (Long Stay Hospital) and the from date of service is > 12/31/92, and the enrollee's exception indicator is equal to L (long stay hospital) BUT the servicing provider number on the payment request does not equal the provider number on the enrollee's benefit plan segment OR the enrollee's exception indicator is not equal to L (long stay hospital), set the edit.</p> <p>For Practitioner (claim type 05): If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the servicing provider number on the payment request is not = the MICC provider number on RS_MICC_CASE_MGMT, the MICC Case Management Database, set the edit.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p> <p>For Outpatient (claim type 03) If the provider type = 104 (PACE) and if the recipient's benefit plan is not '01-05-2001' (PACE) or the recipient's benefit plan is '01-05-2001' and the servicing provider number on the claim does not equal to the provider number on the enrollee's benefit plan, then set the edit.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
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FAMIS	Y	Assessments			
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Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/1/1999	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA028	Provider Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-416

ESC-416

Edit Information

Edit Number	416	esc Number	416	NCPDP Code	
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Short Desc	Break in Date of Service for DRG Bill Type				
Long Desc	Break in Date of Service for DRG Bill Type				
Edit Criteria	For Inpatient (claim type 01) or Title 18 (claim type 09) Inpatient, if the provider class type = 01, 91, 14, or 85 and a payment request with type of bill = 113 or 114 is submitted, but the dates of service are not contiguous with an existing paid 112 or SLH 112 denied/pended for 0917, 0834, or 0836, the edit will set in a pend status and recycle for 90 days after which the payment request will deny.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority		Recycle Days	90
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOA	Effective Date	7/1/1996	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

For SLH the effective DOA is 10/1/01.

Resolution

(None)

Edit/Audit Inquiry Results Edit-417 ESC-417

Edit Information

Edit Number	417	esc Number	417	NCPDP Code	
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Short Desc	DELETED-Advise Medical Indication. Resubmit.				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-418

ESC-418

Edit Information

Edit Number	418	esc Number	418	NCPDP Code	79
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Short Desc	Early Refill/Pro DUR
Long Desc	ProDUR Over Utilization/Early Refill
Edit Criteria	This is a ProDUR alert. An early refill alert results when 75% of the previous script has not been used. It is automatically denied. Refer caller to Magellan Medicaid 800-932-6648

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	M	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		PAY	
		PAY	
EMC		PAY	
		PAY	
Adjustment		PAY	
		PAY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-419

ESC-419

Edit Information

Edit Number	419	esc Number	419	NCPDP Code	M2
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Short Desc	Not an Emergency and Not CMM Provider ID
Long Desc	Not an emergency and Not CMM Provider ID
Edit Criteria	<p>For Transportation (claim type 13):</p> <p>If the enrollee is locked-in to a specific transportation provider (enrollee exception indicator = 6) and the billing or servicing provider is not equal to the lock-in provider and is not affiliated with the lock-in provider, and the referring provider is also not the lock-in provider nor affiliated with the lock-in provider, then set the edit if there is no emergency or accident indicated and the claim was submitted on paper or if the claim was electronically submitted.</p> <p>Bypass the edit if:</p> <ol style="list-style-type: none"> 1) the billing/servicing provider is the lock-in provider or affiliated with the lock-in provider 2) the provider/specialty types are <ul style="list-style-type: none"> 80/09 Neo-natal ambulance 80/21 Air ambulance 82 Emergency air ambulance 84 Out-of-state emergency air ambulance 3) the procedure codes are one of these: <ul style="list-style-type: none"> Y0110 Emergency Ambulance Y0121 Special code for authorized providers <p>For Pharmacy (claim type 06):</p> <p>For enrollees locked in to a specific physician (enrollee exception indicator = 4), if the prescribing physician is not equal to the locking physician and is not affiliated with the lock-in physician (enrollee exception indicator = 4), set the edit.</p> <p>For Practitioner (claim type 05):</p> <p>If the enrollee is a lock-in enrollee (enrollee exception indicator= 4), and the billing</p>

	<p>provider or the servicing provider is not the lock-in physician and is not affiliated with the lock-in physician, and the referring physician is also not the lock-in physician and is not affiliated with the lock-in physician and the procedure code is not equal to 90500-90580, 99062, 99064, 99065, or 99281-99285 (See value set, EMERGENCY PROCEDURE CODES), then:</p> <p>1) if the emergency indicator = Y and the claim was submitted on paper, pay the claim.</p> <p>2) if the emergency indicator = N, the claim was submitted on paper, AND one of the procedure modifiers = 22 or 99 OR there is an attachment, set edit 725. See value set, ATTACH DISP PROC MODS</p> <p>3) if the emergency indicator = N, the claim was submitted on paper, and none of the procedure modifiers = 22 or 99 and there is no attachment, set this edit. See value set, ATTACH DISP PROC MODS</p> <p>4) if the claim is ECS (electronically submitted), set this edit.</p> <p>Bypass the edit if any of the following apply:</p> <p>1) the provider class type is in value set CMM EXEMPT PROVIDER TYPES</p> <p>2) the Medical and Administrative Codes Database flag indicator = S, I, or FP</p> <p>3) the place of treatment = 21 (inpatient hospital) or 51 (inpatient psychiatric)</p> <p>4) the type of service is anesthesia (7)</p> <p>5) the procedure code is in the range 70000 - 89999 and has a professional component modifier (26)</p> <p>6) the procedure code's first position is A or V</p> <p>7) the procedure code is in value set CMM EXEMPT PROCEDURES</p> <p>8) the diagnosis code is one of these sterilization codes in the ICD-9 value set 279 (DIAG STERILIZATION CODES) or ICD-10 value set 20279 (ICD-10 STERILIZATION DIAGS)</p> <p>9) the diagnosis code is one of these family planning codes in the ICD-9 value set 280 (DIAG FAMILY PLAN CODES) or ICD-10 value set 20280 (ICD-10 FAM PLN EDT BYPASS DIAG)</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-420

ESC-420

Edit Information

Edit Number	420	esc Number	420	NCPDP Code	M2
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Short Desc	Not an Emergency and Not Primary Pharmacy				
Long Desc	Not an Emergency and Not Primary Pharmacy				
Edit Criteria	For Pharmacy (claim type 06): If the enrollee is locked in to a specified pharmacy (enrollee exception indicator = 5) and the billing provider is not the lock-in pharmacy and is not affiliated with the lock-in pharmacy and the payment request is not for emergency services (the level of care is not equal to 03 on the new form), set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	v
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-421

ESC-421

Edit Information

Edit Number	421	esc Number	421	NCPDP Code	
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Short Desc	Restriction - Emergency Not Indicated on Invoice				
Long Desc	CMM Emergency Not Substantiated				
Edit Criteria	<p>For Practitioner (claim type 05):</p> <p>If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4, 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 (See value set, EMERGENCY PROCEDURE CODES):</p> <p>1) and the principal diagnosis code is on the Payable ER Diagnosis Code Table III, pay the request at full coverage with EOB 0698.</p> <p>2) and the principal diagnosis is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.</p> <p>3) and the billing or servicing provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III nor the Pend ER Diagnosis Code Table III (meaning non-emergency ER), and the payment amount > \$20, pay the reduced non-emergency rate of \$20 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0290 is set. If the payment amount is <= \$ 20, pay the payment amount and set the EOB 698.</p> <p>4) and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) if there is an attachment and the claim was submitted on paper, set edit 0290.</p>				

	<p>b) if there is no attachment and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.</p> <p>c) if the claims was ECS (electronically submitted), set edit 0290.</p> <p>5) and the billing or servicing or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) if the emergency indicator = Y, the attachment indicator = Y, and the claim was submitted on paper, set edit 0290.</p> <p>b) if the emergency indicator = Y, the attachment indicator = N, and the claim was submitted on paper, set edit 0421.</p> <p>c) if the emergency indicator = N and the claim was submitted on paper, set edit 0421.</p> <p>d) if the claim is ECS (electronically submitted), set edit 0421.</p> <p>Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.</p> <p>For Outpatient (claim type 03):</p> <p>If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 -459) and the principal procedure code is not surgical (010 - 8699):</p> <p>1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the Payable ER Diagnosis Code Table III, pay the request at full coverage with EOB 0698.</p> <p>2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.</p> <p>3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0290 is set. If the payment amount is <= \$ 30, pay the payment amount and set the EOB 698.</p> <p>4) and the attending provider is not the CMM lock-in provider or affiliated</p>				
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	<p>with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.</p> <p>b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.</p> <p>c) the claim is ECS (electronically submitted), set edit 0290.</p> <p>5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.</p> <p>b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.</p> <p>c) the claim is ECS (electronically submitted), set edit 0421.</p> <p>Bypass the edit if the principal procedure code is a surgical procedure (01000 - 86999).</p> <p>Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>				
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-422

ESC-422

Edit Information

Edit Number	422	esc Number	422	NCPDP Code	
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Short Desc	DELETED-Rebill 1 Unit Only in Block 24G				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-423

ESC-423

Edit Information

Edit Number	423	esc Number	423	NCPDP Code	54
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Short Desc	NDC Not on File, Check NDC
Long Desc	NDC Not on File, Check NDC
Edit Criteria	<p>The National Drug Code (NDC) must be present on the Medical and Administrative Codes Database. If not, set the edit.</p> <p>This edit is also checked for Physician, Xover-B and Lab claims if a valid procedure code is found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 edit 0423 will be checked. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.</p> <p>For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only:</p> <p>For any revenue line which contains NDC and if NDC is not on table RF_NDC, cut-back the line, set Edit 0423, and do not validate HCPCS code.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	G	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	Y

Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA330	UB04 Service/PA Edit

Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007. Encounter disposition for Physician, Xover-B and Lab claims is 0.

Resolution

(None)

Edit/Audit Inquiry Results Edit-424

ESC-424

Edit Information

Edit Number	424	esc Number	424	NCPDP Code	50
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Short Desc	Not Certified to Bill Unit Dose				
Long Desc	Provider not certified to bill unit dose.				
Edit Criteria	For Pharmacy (claim type 06): If the NDC unit dose indicator = 1, the payment request unit dose indicator is not set, the NDC generic therapeutic class is not equal 36 or 63, the NDC route description = 'ORAL', the NDC form code = '2' (ML) or the first position of NDC dosage form is 'C' or 'T' (capsule or tablet), and the provider specialty is not = '69' (unit dose certified pharmacy provider), set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		PAY	
		PAY	
EMC		PAY	
		PAY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch	217	PAY	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-425

ESC-425

Edit Information

Edit Number	425	esc Number	425	NCPDP Code	54
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Short Desc	PRODUCT/SERVICE ID IS NOT AN NDC
Long Desc	PRODUCT/SERVICE ID IS NOT AN NDC ACCORDING TO FIRST DATABANK
Edit Criteria	<p>The National Drug Code (NDC) must be present on the Medical and Administrative Codes Database. If not, set the edit. This edit is also checked for Physician, Xover-B and Lab claims if Jcode is submitted.</p> <p>For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: For any revenue line which contains NDC and if NDC is not on table RF_NDC, cutback the line, set Edit 0425, and do not validate HCPCS code.</p> <p>For claim type HCFA Claims CT (05, 08 and 09 XOVB)</p> <p>If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 Edit 0425 will be performed. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	G	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
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Nursing		Home Health	Outpatient	Y
Physician	Y	Personal Care	Laboratory	Y
Transportation		Xover A	Y Xover B	Y
Cap Pay		Man Fee	Admin	
Asmt Fee				

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA330	UB04 Service/PA Edit
CPA340	CMS 1500 Service PA Edit

Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007. Encounter disposition for Physician, Xover-B and Lab claims is 0.

Resolution

(None)

Edit/Audit Inquiry Results Edit-426

ESC-426

Edit Information

Edit Number	426	esc Number	426	NCPDP Code	
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Short Desc	Svce May Be Cov'd Under Another Cde				
Long Desc	Service May Be Covered Under Another Code, Bill Other Code				
Edit Criteria	<p>This edit is used by Pend Resolution to resolve unlisted CPT procedure codes.</p> <p>This edit is also set by the system for Practitioner, Personal Care, Laboratory, Transportation, and Dental claims, when the procedure flag is 'CT'.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-427 ESC-427

Edit Information

Edit Number	427	esc Number	427	NCPDP Code	
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Short Desc	Unit-Dose Billing Incorrect				
Long Desc	Unit-Dose Billing Incorrect				
Edit Criteria	<p>This edit is no longer in use.</p> <p>If the unit dose indicator is not set on the incoming payment request, set the edit. If the NDC is a unit dose drug, provider has a unit dose specialty, enrollee is in a nursing home and the unit dose indicator is not present set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-428

ESC-428

Edit Information

Edit Number	428	esc Number	428	NCPDP Code	
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Short Desc	21 Day - 60 Day Exceeded Same Diagnosis				
Long Desc	21 Day - 60 Day Exceeded Same Diagnosis				
Edit Criteria	This edit is used to deny edit 266.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-429

ESC-429

Edit Information

Edit Number	429	esc Number	429	NCPDP Code	E7
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Short Desc	DELETED-Advise Total Quantity Dispensed				
Long Desc	Quantity dispensed is missing or invalid				
Edit Criteria	This edit is not valid. See edit 45.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-430 ESC-430

Edit Information

Edit Number	430	esc Number	430	NCPDP Code	
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Short Desc	Procedure Must Be Billed Within 15 Days of Prior Procedure				
Long Desc	Invalid CDPAS Claim Submission Sequence				
Edit Criteria	If a procedure on the Current Code List is billed, there must be an approved payment request with one of the procedures on the History Code List and the DOS of the history payment request must be within 15 days earlier than the current payment request. If not, set the edit. See Value Sets "0430/0430 001" thru "0430/0430 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Q	Priority	0	Recycle Days	14
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	217	PEND	
		DENY	
EMC	217	PEND	
		DENY	
Adjustment	217	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA	217	PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-431

ESC-431

Edit Information

Edit Number	431	esc Number	431	NCPDP Code	
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Short Desc	deleted - Invalid Legend Drug Code				
Long Desc					
Edit Criteria	No information is available on this edit, and so it is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-432

ESC-432

Edit Information

Edit Number	432	esc Number	432	NCPDP Code	ED
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Short Desc	Quantity Per Ingredient				
Long Desc	Quantity Per Ingredient				
Edit Criteria	For drug compound payment requests: If a quantity is not present (non-blank > 0) for each ingredient entered, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-433

ESC-433

Edit Information

Edit Number	433	esc Number	433	NCPDP Code	
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Short Desc	Not Nursing Home Enrollee on Service Date				
Long Desc	Enrollee not in nursing home on service date				
Edit Criteria	<p>This edit is no longer in use.</p> <p>For Pharmacy (claim type 06):</p> <p>If the payment request has a payment amount = \$0.00, and the NDC unit dose indicator on the Medical and Administrative Codes Database = 1, the unit dose indicator on the payment request is not set, the enrollee is not a nursing home enrollee, and the provider specialty is not = 69 (unit dose certified pharmacy provider), set the edit.</p> <p>If the payment request has a payment amount = \$0.00, and the NDC unit dose indicator on the Medical and Administrative Codes Database = 1, and the enrollee is not a nursing home enrollee, and the provider specialty is = 69 (unit dose certified pharmacy provider) set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	

Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-434

ESC-434

Edit Information

Edit Number	434	esc Number	434	NCPDP Code	
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Short Desc	Dosage? Advise VMAP/Resubmit				
Long Desc	Dosage? Advise VMAP/Resubmit				
Edit Criteria	This edit is used by Pend Resolution to resolve unclassified J-codes when the specific dosage is needed to calculate payment for Medicaid and FAMIS for Practitioner PCT 20.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-435

ESC-435

Edit Information

Edit Number	435	esc Number	435	NCPDP Code	70
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Short Desc	Invalid Drug Code for Compound Rx				
Long Desc	Invalid Drug Code for Compound Rx				
Edit Criteria	This edit is no longer done. Encounters process the same as FFS. For pharmacy encounter claims only, if compound indicator is set, and the NDC is not 99999999999, 99999999996, 66666666666, set the error.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-436

ESC-436

Edit Information

Edit Number	436	esc Number	436	NCPDP Code	
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Short Desc	Hrs/Days Billed > Hrs/Days Approved				
Long Desc	The hours or days billed exceed the hours or days allowed for this procedure.				
Edit Criteria	<p>For HCFA 1500 payment requests: If the provider class type = 46 (Hospice), and the procedure code billed is equal to Z9431 (continuous home care), and the UVS is less than the thru date minus the from date plus 1 multiplied by 8, or the UVS is greater than the thru date minus the from date plus 1 multiplied by 24 (minimum of 8 hours, maximum of 24 hours), then set the edit.</p> <p>For personal care, use to get authorized hours from Enrollee Datastore and if the enrollee's exception indicator was not = Y, and the units on payment request > authorized hours, this edit was set. Personal care is now on the PA File so edit 162 will now set.</p> <p>For Community Based Care (provider types 47, 48, 63, 73), if Medical and Administrative Codes Database flag indicator not = case management (CM, SA, FA) or CDPAS (Q), and payment request procedure code not = Z9412, and payment request's units > approved hours, set the edit. This procedure will now be on PA File and edit 162 will now set.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

All Claim Types: 1. Check for keying/scanning errors. If errors are found in unprotected fields, correct the field entry. If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D. 2. Review attachment/remarks for justification of hours/days billed.

If justification is provided for the additional hours or days, and hours do not exceed 24 hours per day, override with code 0436 and disposition indicator O.
If justification is not provided, or if hours billed exceed 24 hours per day, deny with code 0436 and disposition indicator D.

Edit/Audit Inquiry Results Edit-437 ESC-437

Edit Information

Edit Number	437	esc Number	437	NCPDP Code	
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Short Desc	Not Justified for Inpatient Surgery				
Long Desc	Not Justified for Inpatient Surgery				
Edit Criteria	This edit is deleted. This edit is used by Pend Resolution to deny inpatient or practitioner payment requests that pended for edit 0269.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-438

ESC-438

Edit Information

Edit Number	438	esc Number	438	NCPDP Code	TD
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Short Desc	DELETED-Therapeutic Duplication/Pro DUR				
Long Desc					
Edit Criteria	This edit is now edit 0942.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-439

ESC-439

Edit Information

Edit Number	439	esc Number	439	NCPDP Code	
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Short Desc	Payment Request Filed After 2 Years is Not Covered				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-440 ESC-440

Edit Information

Edit Number	440	esc Number	440	NCPDP Code	
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Short Desc	Previously Denied by DMAS - UR				
Long Desc	Previously Denied by DMAS - UR				
Edit Criteria	This edit is used to catch payment requests on statistical reports that have been previously denied and the hospital is rebilling without correcting first problem.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-441 ESC-441

Edit Information

Edit Number	441	esc Number	441	NCPDP Code	
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Short Desc	Admission Not Justified				
Long Desc	Admission not justified				
Edit Criteria	This edit is used by Pend Resolution to deny payment requests that pending for edits 0255 and 809.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/1/1999	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 308.

Resolution

This edit is used by Pend Resolution to deny payment requests that pended for edits 0255 and 0809. Enter code 0441 and disposition D according to instruction for the setting edits 0255 and 0809.

Edit/Audit Inquiry Results Edit-442

ESC-442

Edit Information

Edit Number	442	esc Number	442	NCPDP Code	
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Short Desc	Admission Not Justified > 3 < 8 Days LOS				
Long Desc	Admission Not Justified > 3 < 8 Days LOS				
Edit Criteria	This edit is used by Pend Resolution to deny payment requests that pending for edit 0218.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-443

ESC-443

Edit Information

Edit Number	443	esc Number	443	NCPDP Code	
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Short Desc	Requested Info Insufficient/Not Acceptable				
Long Desc	Requested Info Insufficient/Not Acceptable				
Edit Criteria	This edit is used by Pend Resolution to deny pended payment requests when requested information is not acceptable or insufficient or incomplete.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-444 ESC-444

Edit Information

Edit Number	444	esc Number	444	NCPDP Code	
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Short Desc	Medicare Remittance (EOMB) Not Attached				
Long Desc	Medicare Remittance (EOMB) Not Attached				
Edit Criteria	<p>For Title 18 (claim type 09): Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.</p> <p>(1) If the payment request's coverage code = A (form XOVA) and the from date of service is $\geq 01/01/90$ or $< 01/01/89$:</p> <p>a) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count from admission to thru date of service is greater than 100: If there is an attachment, set edit 0244. If there is no attachment, set edit 0402.</p> <p>b) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count of admission date plus 20 overlaps the payment days within the dates of service, i.e. the payment days include any or all of the first 20 days of the stay, and there is an attachment, set edit 0244.</p> <p>c) If the provider class type = 10 and the payment request was submitted by a carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID = EDI (carrier/intermediary), and the days count from admission to thru date of</p>				

	<p>service is greater than 100: If there is an attachment, set this edit 0444. If there is no attachment, set edit 0402. d) If the provider class type = 6, 11, 27, 28, or 92 and the days stay > 100, set edit 0402.</p> <p>(2) If the payment request is electronically submitted OR the premium indicator is = Q (see note below) OR the aid category is = 23, 43, or 63 (not aged, blind, or disabled) OR the provider type = 001 or 091 with an admission date > 12/31/2000, then bypass this part of the edit, else if the coinsurance entered on the payment request is not = 0, set edit 0253 if there is an attachment. If there is no attachment, set edit 0444.</p> <p>Note: An enrollee is QMB dually eligible when his aid category is not equal to 023, 043, or 063 AND one of his TPL coverage codes = A or Y and the month and year of the enrollee's application date is less than the month and year of the from date of service OR one of his TPL coverage codes = A or Y and the enrollee was eligible any part of the month prior to the from date of service. If he is determined to be QMB dually eligible, his premium indicator is set to Q.</p> <p>(3) If the from date of service is >= 01/01/90 and the payment request's coverage code = A (form XOVA), and the provider class type = 06 (SHF-MH), 10 (SNF-non MH), 11 (SNF-MR), 27 (CS-SNF), 28 (SNF-state), or 92 (SNF-non-enrolled) and the number of days stay < 21 and the coinsurance entered is > 0, set edit 0253 if there is an attachment. If there is no attachment, set edit 0444.</p> <p>(4) Note: This portion of edit 0444 is obsolete after 10/26/2008 (Release 42 implementation date). If the deductible amount entered on the payment request is > than the corresponding amount in the annual Part A or Part B table by \$175 or less, set edit 0251 if the payment request was submitted on paper and there is an attachment. If the payment request was submitted on paper and there is no attachment, set edit 0444.</p> <p>This \$175 limit is stored on the RF_SYS_PARAMETER table with value id XOVA-DEDTL for part A payment requests and with value id XOVB-DEDTL for part B payment requests. The Medicare table amounts for part A are stored on the RF_SYS_PARAMETER table with the value id XOVA-DEDT and for part B with the value id XOVB-FACT5.</p>				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA046	Crossover Pricing

Exceptions

None

Resolution

Title XVIII:

Review attachment.

1. If attachment is Medicare EOB and the Medicare payment matches the number of days billed, override with code 0444 and disposition indicator O.
2. If attachment is not a Medicare EOB, deny with code 0444 and disposition indicator D.
3. If attachment is a Medicare EOB but the Medicare payment does not match days billed, deny with code 0402 and disposition indicator D.

Edit/Audit Inquiry Results Edit-445

ESC-445

Edit Information

Edit Number	445	esc Number	445	NCPDP Code	
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Short Desc	No Shows Not Covered				
Long Desc	No Shows Not Covered				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-446

ESC-446

Edit Information

Edit Number	446	esc Number	446	NCPDP Code	
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Short Desc	Emergency Not Substantiated				
Long Desc	Emergency Not Substantiated				
Edit Criteria	This edit is being deleted. This edit is used by Pend Resolution to deny pended payment requests when an emergency is not substantiated.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-447 ESC-447

Edit Information

Edit Number	447	esc Number	447	NCPDP Code	
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Short Desc	Procedure Not Authorized for This Patient				
Long Desc	Procedure Not Authorized for This Patient				
Edit Criteria	<p>For Practitioner (claim type 05) and Medicaid/FAMIS: If the billing provider class type = 72 (Department of Education), and the billing provider type 72 is found on the RF_PROC_PT_SPEC table for the claim's procedure code, and the enrollee's age is ≥ 23 on the from date of service, set the edit.</p> <p>For claim types 04, 05, 08, and 13: If the procedure code's Procedure Table flag indicator = CS and the enrollee's aid category is not = 006, 007, 008, or 009 (that is, is not FAMIS enrollee), set the edit.</p> <p>If the enrollee's aid category is = 001, 002, 003, or 004 (that is, SLH enrollee) and the procedure code's Procedure Table flag indicator is not = SLH, set the edit.</p> <p>If the enrollee's aid category is = 203, 213, 215, 216, or 225 (that is, TDO enrollee) and the procedure code's Procedure Table flag indicator is not = TDO, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-448

ESC-448

Edit Information

Edit Number	448	esc Number	448	NCPDP Code	
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Short Desc	Neonatal/Nurse Days Not Allowed Patient Over 3 Years				
Long Desc	Revenue Code/Age Restriction				
Edit Criteria	<p>For payment request with admission date after 6/30/96 and provider class types not equal to 03 and 07 and 46 and 77:</p> <p>For an inpatient (claim type 01) payment request that has a revenue code = 174 or 175 (neonatal days), if the enrollee's age is > 3 on the date of service, set the edit.</p> <p>For an inpatient (claim type 01) payment request that has revenue codes 172, 173, or 179 (nursery codes) OR that has revenue codes 170 or 171 with an admission date > 12/31/1999 if Medicaid/FAMIS or > 09/30/2001 if SLH, if the enrollee's age is greater than or equal 3 on the date of service, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-449

ESC-449

Edit Information

Edit Number	449	esc Number	449	NCPDP Code	
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Short Desc	Adult/Neonatal Days Not Allowed on Same Invoice				
Long Desc	Adult and nursery/neonatal days are not allowed on the same payment request				
Edit Criteria	<p>If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999, do not perform the following:</p> <p>(1) A payment request cannot be submitted with both neonatal and adult days.</p> <p>If the neonatal ICU revenue code 174 or 175 is present on the payment request with days > 0, error 0001 has not been set (there is a neonatal rate on file for the provider), and the adult days (revenue code 100-169, or 180-219) are > 0, set the edit.</p> <p>(2) If the payable nursery days (revenue codes 172, 173, or 179) are > 0, and the adult service days (revenue code 100-169, or 180-219) are > 0, and the female enrollee's age is less than 12 or greater than 55, set the edit.</p> <p>If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999 if Medicaid or FAMIS and greater than 09/30/2001 if SLH , perform the following:</p> <p>(1) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100 -112, 114 - 122, 124 -132, 134 - 142, 144 -152, 154 - 169, or 180 - 219 and if the total neonatal days (revenue codes 174 or 175) is greater than zeros, and error 0001 has not been set, and the total adult days (revenue codes 100 - 169, 180 - 219) is greater than zeros, set the edit.</p> <p>(2) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100 -112, 114 - 122, 124 -132, 134 - 142, 144 -152, 154 - 169, or 180 - 219, and if the payable nursery days (revenue codes 170, 171, 172, 173, or 179) are > 0, and the adult service days (revenue code 100-169, or 180-219) are > 0, and the female enrollee's age is less than 12 or greater than 55, set the edit.</p>				

	See value set, EDIT 0176/0176 SET 1.				
	See value set, EDIT 0176/0176 SET 2.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-450 ESC-450

Edit Information

Edit Number	450	esc Number	450	NCPDP Code	
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Short Desc	Service Not Authorized for Alien
Long Desc	Non-resident alien eligible for medical emergency only.
Edit Criteria	<p>Only emergency medical services are paid for a non-resident alien (benefit plan 01-01-3000). The edit is set if any of the following is true:</p> <p>1) the payment request is not for inpatient hospital services OR</p> <p>2) the payment request is for outpatient services (claim type 03) and the revenue code 450-459 is not billed OR</p> <p>3) the payment request is for medical services (claim type 05) and the place of service is not 21 (inpatient hospital) or 23 (emergency room) or 65 (End-Stage Renal Disease Treatment Facility) (Value set 'POS EXCLUSIONS 0298/0450') OR</p> <p>4) the payment request is for sterilization (see below list of diagnosis and procedure codes or value sets); this includes inpatient payment requests.</p> <p>Sterilization Value Sets:</p> <p>ICD Procedure Codes for claim types 01 and 03:</p> <p>117 (ICD9 STERILIZATION CODES) or 20117 (ICD-10 STERILIZATION PROCS)</p> <p>ICD Diagnosis Codes for claim types 01, 03, 05, and 09, part B:</p> <p>279 (DIAG STERILIZATION CODES) or 20279 (ICD-10 STERILIZATION DIAGS)</p> <p>CPT Procedure Codes for claim types 05 and 09, part B:</p> <p>54690 55250 55450 56301 56302 56307 56318 58600 58605 58611 58615</p>

	58661 58670 58671 58700 58720 See value set, CPT STERILIZATION CODES For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in value set CPT STERILIZATION CODES. Edit will set if line procedure code is found.
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	

Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. Disposition for Paper and EMC attachment changed from deny to pend effective 5/1/2008.

Resolution

1. An Emergency Medical Certification form must be attached to the claim. Look for the 032-03-628/4(7/98) at the bottom left hand corner of the claim. In Section II, two blocks are listed, 'Is an Emergency' or 'Is Not an Emergency'.
2. If, X 'Is an Emergency' is checked, and date of service is within the duration of coverage specified on the form, override 0450 with the indicator O. If dates are outside of range, deny 0450 with the indicator D.
3. If, X 'Is Not an Emergency' is checked, deny 0450 with the indicator D. This section should be signed, with title and dated. If there are any concerns, transfer to location 317 with your concern indicated in the remarks screen. (Updated 5/13/08)
4. If claim is pending with ESC 0278 only, deny 0450 with the indicator D. (Updated 03/28/11)
5. If claim is pending with another pend reason other than 0450 and 0278, transfer claim type 05 to location 317. If claim type is 01 or 03, transfer to location 300. (updated 3/28/11)

Edit/Audit Inquiry Results Edit-451

ESC-451

Edit Information

Edit Number	451	esc Number	451	NCPDP Code	
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Short Desc	Two Nursery Revenue Codes on Same Invoice				
Long Desc	Only one nursery revenue code may be billed on a payment request				
Edit Criteria	<p>If the provider class type = 01, 14, 85, or 91 and the admission date is greater than 12/31/1999, do not perform the following:</p> <p>(1) If the payable nursery days (revenue codes 172, 173, or 179) is > 0 and the adult days (revenue codes 100-169, 180-219) is > 0, and the enrollee is not female, set the edit.</p> <p>(2) A payment request cannot have both payable nursery days and neonatal days: If the payable nursery days (revenue codes 172, 173, or 179) is > 0, and the neonatal ICU days (revenue code 174 or 175) is > 0, set the edit.</p> <p>(3) A payment request cannot have both non-payable nursery days and neonatal days: If the neonatal ICU days (revenue code 174 or 175) is > 0, and error 0001 has not been set, and the non-payable nursery days (revenue codes 170 or 171) is > 0, set the edit.</p> <p>(4) If the admission date is < 07/01/96, and the payable nursery days (revenue codes 172, 173, or 179) is > 0 and the non-payable nursery days (revenue codes 170 or 171) is > 0, set the edit.</p> <p>If the provider class type equals 01, 14, 85, and 91 and the admission date is greater than 12/31/1999 for Medicaid or FAMIS OR greater than the new system live date for SLH, perform the following:</p> <p>(1) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100 - 112, 114 - 122, 124 - 132, 134 - 142, 144 - 152, 154 - 169, or 180 - 219 and if the total payable nursery days (revenue codes 170, 171, 172, 173, or 179) is greater than zeros AND the total adult days (revenue codes 100 - 169, 180 - 219) is greater than zeros, and the enrollee is not female, set the edit.</p>				

	See value set, EDIT 0176/0176 SET 1. See value set, EDIT 0176/0176 SET 2.					
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-452

ESC-452

Edit Information

Edit Number	452	esc Number	452	NCPDP Code	
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Short Desc	Overlapping Program Eligibilities				
Long Desc	Overlapping Program Eligibilities				
Edit Criteria	A payment request cannot span more than one benefit program. Hence, if the dates of service of a payment request span an enrollee's eligibility in more than one program, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		4	
Special Batch	217	PEND	
PA		N/A	

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The edit will not apply if the media is PA (P) and claim type is 11. As of July 1st, 2005, dental encounter severity is changed to 4.

Resolution

(None)

Edit/Audit Inquiry Results Edit-453

ESC-453

Edit Information

Edit Number	453	esc Number	453	NCPDP Code	M1
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Short Desc	Enrolled in HMO or an Encounter FFS
Long Desc	Enrolled in HMO or an Encounter Claim for F. F. S.
Edit Criteria	<p>If claim is NOT an Encounter claim:</p> <p>For Inpatient (claim type 01) or Outpatient (claim type 03):</p> <p>1 - If the enrollee is on file and in an HMO (Medallion II or Options) or in CCC and the from date of service is > 6/30/98 and any procedure code is for abortion: (See ICD-9 value set 119 (ICD9 ABORTION CODES) and ICD-10 value set 20119 (ICD-10 Abortion Proc Codes), bypass the edit.</p> <p>2 - For Inpatient (claim type 01) and provider types 01, 14, 85, and 91 (See value set, HOSP-IMPAT PROV TYPE - E0453) if the admission date is after 12/31/1999, edit 835 will set if the enrollee was hospitalized when HMO coverage began or ended.</p> <p>Otherwise, this edit will set.</p> <p>For Personal Care claims (Claim type 04) and enrollee is in HMO (Medallion II or Options) with a from service date after 08/31/2007, bypass the edit.</p> <p>Medicaid Expansion Bypass: Bypass the edit if Aid Category is in value set "E3 HMO Aid Categories" and</p> <ul style="list-style-type: none"> - CT = 02 ,10 and Enrollee LOC Exception Indicator is 1 (ICF), 2 (SNF), or 7 (Out of State) OR - CT = 01, 03 and PT = 046 (Hospice) and Enrollee LOC Exception Indicator is D (Hospice) OR - CT 04, 05, or 08 and procedure code is in value set "AC 100 – 107 Carveout Proc Codes" <p>For other claim types other than Practitioner (claim type 05) and Capitation Payments (CT 15):</p> <p>If the enrollee is on file and the patient is in a HMO (Medallion II or Options) or in CCC, set the edit.</p>

For Practitioner (claim type 05):

1-If the enrollee is on file and is in an HMO (Medallion II or Options) and the payment request is not a reentry, AND the provider class type = 69 and the from date of service is <= 07/31/95 OR the provider class type = 67 and the from date of service is <= 12/31/95, set the edit.

2- If the provider class type = 67 or 69 and the enrollee is in an HMO (Medallion II or Options), verify that the servicing provider submitting the claim is the Immunization provider for the claim dates of service for the HMO the enrollee is in. If not and there is an attachment OR any procedure modifier = 22 or 99 (See value set, ATTACH DISP PROC MODS), set edit 0231. If not and there is no attachment and no procedure modifier is equal to one of the above, set edit 0482. If the provider is the Immunization provider, but the procedure is not an immunization procedure (flag indicator not = OC), set edit 0453.

3 -If the enrollee is locked into an HMO (Medallion II or Options) and the provider class type is not 67 or 69, and any of the following is true, bypass the edit:

1) the provider is a school district (billing provider class type = 72) and the procedure code is a therapy-psychiatric/psychological (included in value set School Rehab Services) OR

2) the payment request contains an MCO carve-out procedure (See value set MCO CARVE-OUT SERVICES) OR

3) the payment request contains a specific substance abuse procedure code that is in the Value Set 'PROC SUBSTANCE ABUSE' OR

4) the provider class type = 51 (Health Department Clinic) and the from date of service is > 7/31/95 and the payment request contains a specific Health Department procedure code: Z9993 (See value set, SPECIFIC HEALTH DEP PROC CODES) OR

5) the procedure code is either of Z9445 or T1016 OR

6) the procedure code is in value set ALTC SPECIFIC PROC CODES (962) and the exception indicator is in value set ALTC EXCEPTION INDICATORS (963) and the from service date is after 08/31/2007 OR

7) the procedure code's Medical and Administrative Codes Database flag indicator = CM, SA or FA (case management) OR

8) the from date of service is > 6/30/98 and the procedure code is an HMO abortion code: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 (See value set, CPT ABORTION CODES) OR

9) the from date of service is > 12/31/95 and the provider class type = 51 (Health Department Clinic) AND the enrollee's age is = 19 if the procedure code = 90745 (Hepatitis) OR the enrollee's age is = 20 if the procedure code = 90746 (Hepatitis) OR

10) The provider class type = 079, the provider's speciality is 105 (Alzheimer's Waiver) and the procedure code's Medical and Administrative Codes Database indicator is T OR

11) The provider class type = 79 (assisted living) and the procedure code's Medical and Administrative Codes Database indicator flag = F or J OR
12) The enrollee's age is < 21 with a Nutrition Service (see Value Set ' Nutrition Services - E0453') with the from date of service > 09/30/2007 OR
13) The enrollee is in an HMO, the age is < 21, there is a PA with service type 0098, and the procedure code is in value set 'EPSDT PA REQUIRED PROCS 0098' OR
14) The enrollee is in an HMO, the age is < 21, the provider type is '073', the procedure code is in value set 'EPSDT PROCS RELATED TO S5126', the PA number on the claim is not entered, but there is an associated PA with procedure code S5126 OR
15) If the enrollee is in an HMO and also in Medicaid Works (exception indicator = 'MW') and the procedure code is T1019 or S5126 OR
16) the procedure code is in value set "EI Carve Out Procedures" ..

Otherwise, set the edit.

4 - If the enrollee is in CCC,

- If the procedure code is in value set CPT ABORTION CODES or CCC TARGETED CASE MANAGEMENT, bypass the edit
- Otherwise, set the edit.

5 - If the provider class type is not 67 or 69 and if the enrollee was hospitalized when HMO coverage began, bypass this edit and set edit 835.

If claim IS an Encounter claim:

For Dental claims (Claim type 11) and the service vendor is Doral (Vendor # 1076) for Magellan (Vendor # 1077), bypass the edit

For Transportation Encounter claims (Claim type 13), the service vendor of Logisticare (Vendor # 1075), an HMO recipient, and not an exception in the ALTC Exception Indicators Value Set (963) based on the from service date, set the edit.

If the Enrollee is in neither VALTC nor HMO and the Claim Service Center is not a VALTC Service Center, set the edit.

For CCC MMP Encounter Claims the service center is stored in value set 1100 'MCO SERVCTR XREF'. This value set will be used to store the service centers (1011, 1012, 1013). If the member is not a CCC member Edit 0453 will set. If the member is a CCC member and the service center is not (1011, 1012, 1013) Edit 0453 will set.

For ALL other claim types:

If the enrollee is NOT in an HMO on the from service date, set the error.

For Capitation Payments (claim type 15):

- 1-If the enrollee is on file and is not in an HMO (Medallion II or Options), set the edit.
- 2-If the enrollee is in neither VALTC nor HMO and the provider does not have a program code 13, set the set.

	<p>If CCC Enrollee's non encounter claim service provider not present in value set 'CCC EXCLUDED FACILITIES' then set 0453.</p> <p>If CCC Enrollee's non encounter claim service provider present in value set 'CCC EXCLUDED FACILITIES' and also present in value set 'CCC NOT EXCLUDED FACILITIES' then set 0453.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
CCC		C	

Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

As of July 1st, 2005, this edit is turned off for dental encounter. As of 6/30/2005, this edit is turned off for dental Medicaid and FAMIS programs.

Resolution

(None)

Edit/Audit Inquiry Results Edit-454 ESC-454

Edit Information

Edit Number	454	esc Number	454	NCPDP Code	
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Short Desc	Payment Request Exceeds 31-Day Billing Limit				
Long Desc	Payment Request Exceeds 31-Day Billing Limit				
Edit Criteria	<p>For Inpatient (claim type 01) payment requests and provider class types 01 (Hospital), 08 (State MH), 09 (Med-Surg-MR), 13 (Long Stay IP MR), or 91 (Out of State Hospital), if the 'thru' date of service minus the 'from' date of service > 31, set the edit.</p> <p>Bypass this edit for provider types 01, 14, 85, and 91 if the admission date is after 12/31/1999 for Medicaid and FAMIS and after the new system live date for SLH.</p> <p>For Outpatient (claim type 03) payment requests, if the 'thru' date of service minus the 'from' date of service is > 31, set the edit.</p> <p>For Outpatient (claim type 03) payment requests, if a provider type is '104' (PACE) and if the month or the year on the 'from' date of service does not match with the month or the year on the 'thru' date of services on the claim, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y

Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-455

ESC-455

Edit Information

Edit Number	455	esc Number	455	NCPDP Code	
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Short Desc	Enrolled in VALTC HMO				
Long Desc	Enrolled in VALTC HMO				
Edit Criteria	<p>For all Claims (except Claim Type 15): If the enrollee is in VALTC and the procedure code is not in Valueset "VALTC CARVE-OUT PROCEDURES" and the Claim Type is not 02 or 10, set edit 0455.</p> <p>For Claim Type 15: If the enrollee is in neither VALTC or HMO and the provider has program code 13, set edit 0455.</p> <p>Encounters: If the enrollee is in neither VALTC or HMO and the Claim Service Center is in Valueset " VALTC SERVICE CENTERS", set the edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	R	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y

Cap Pay	Y	Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	7/1/2009	Revision Date	11/3/2008	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-456

ESC-456

Edit Information

Edit Number	456	esc Number	456	NCPDP Code	M1
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Short Desc	Enrollee Not Covered for This Service
Long Desc	Enrollee Not Covered for This Service
Edit Criteria	<p>For originals and adjustments, enrollees with aid category codes of 53 (Special Low-Income Medicare Beneficiary), 55 (Qualified Disabled and Working Individuals), 56 (QI1), or 57 (QI2) are not eligible for Medicaid fee for service and cause the edit to set.</p> <p>For Aid Category 80 and Inpatient Claim Types 01, if any diagnosis code is not one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT 0456) or ICD-10 value set 25043 (ICD-10 PLAN FIRST DIAG CODES)), or the provider type is not 001 or 091, or the ICD9 procedure code flag on the RF_PROC_FLAG_CODES table is not equal to 'FW', set the edit.</p> <p>For Aid Category 80 and Outpatient claim type 03, provider type 001 or 091, and if any diagnosis code is listed in the ICD-9 value set 5043 ('DIAG CODES FOR EDIT 0456') or ICD-10 value set 25043 (ICD-10 PLAN FIRST DIAG CODES), then steps below are performed, otherwise the edit is set:</p> <p>(1) If there is at least one ICD9 procedure code that has an 'FW' flag on the RF_PROC_FLAG_CODES table, then bypass the edit.</p> <p>(2) Otherwise, check every revenue line. For each revenue line:</p> <p>A. If there is a procedure code (HCPCS/CPT procedure) with a procedure code flag equal to 'FW', then, check the next revenue line.</p> <p>B. If there is no procedure code (HCPCS/CPT procedure) or there is a procedure code but it does not have a procedure code flag equal to 'FW', then cutback the line using 0456 as an EOB.</p> <p>(Note: If all lines are cutback for 0456, then deny the claim using 0129 along with EOB codes.)</p> <p>For Aid Category 80 and Practitioner Claim Type 05, the procedure code must have an 'FW' flag on the RF_PROC_FLAG_CODES table, any diagnosis code is one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT 0456) or ICD-10 value set 25043 (ICD-10 Plan First Diag Codes)), and have one of the provider type / specialty code combinations (see value set PROV TYPE / SPECIALTY - 0456); otherwise set the edit:</p> <p>For Aid Category 80 and Lab Claim Type 08, the procedure code must have an 'FW' flag on the RF_PROC_FLAG_CODES table, and any diagnosis code is one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT</p>

	<p>0456) or ICD-10 value set 25043 (ICD-10 Plan First Diag Codes)); otherwise set the edit.</p> <p>For Aid Category 80 and Pharmacy Claim Type 06, the drug category must be 'C', 'T' or 'W' (family planning), otherwise set the edit.</p> <p>In the recipient Edits in POS module VPTM1RCP, if an enrollee is eligible for the FAMIS Select Program, 07-01-0500, then they are not eligible for POS Services. Edit 0456 is assigned to the claim when the enrollee is FAMIS Select eligible.</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	

Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-457 ESC-457

Edit Information

Edit Number	457	esc Number	457	NCPDP Code	85
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Short Desc	Possible Retro Cov, Send Ltr From Soc Serv				
Long Desc	Possible Retroactive Coverage, Send Letter From Social Services				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	R	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-458

ESC-458

Edit Information

Edit Number	458	esc Number	458	NCPDP Code	
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Short Desc	Wrong Pharmacy Billing for Services				
Long Desc					
Edit Criteria	No information is available on this edit, and so it is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-459

ESC-459

Edit Information

Edit Number	459	esc Number	459	NCPDP Code	
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Short Desc	Valid Risk Screen Not Attached				
Long Desc	Valid Risk screen not attached.				
Edit Criteria	If the provider class type is not = 26, 38, 39, 44, 46, 47, 53, 63, 64, 73 or 106, and the Medical and Administrative Codes Database pend for review of service = 'R' , 1) and the payment request was submitted on paper, and there is no attachment, set the edit. 2) and the payment request was electronically submitted, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		N/A	
		DENY	
EMC		DENY	
		DENY	
Adjustment		N/A	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-460

ESC-460

Edit Information

Edit Number	460	esc Number	460	NCPDP Code	
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Short Desc	Valid Care Coord Document Not Attached				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-461

ESC-461

Edit Information

Edit Number	461	esc Number	461	NCPDP Code	
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Short Desc	Units/Visits/Studies Not Equal Days
Long Desc	The service units billed do not match the number of days covered by the dates of service.
Edit Criteria	<p>For Practitioner (claim type 05):</p> <p>If the procedure code billed is Z9105 - Z9110 or Enrollee Exception Indicator is not 'Q' and procedure code is G9002: If the U/V/S is not = the thru date minus the from date plus 1, set the edit.</p> <p>For provider class type = 46 (Hospice), if the procedure code billed is not equal to Z9431(Continue Home Care) and the U/V/S is not equal to the thru date minus the from date plus 1, set the edit. All Hospice services except Z9431 are based on one service per treatment day.</p> <p>This edit is also used by Pend Resolution to deny pended payment requests.</p> <p>As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-462

ESC-462

Edit Information

Edit Number	462	esc Number	462	NCPDP Code	EC
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Short Desc	Identify Each Ingredient with NDC				
Long Desc	Identify Each Ingredient with NDC				
Edit Criteria	For compound drug payment requests, each ingredient must be a valid NDC. If the number of ingredients entered is not the same as the number of NDCs entered on the request, the edit will set.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-463

ESC-463

Edit Information

Edit Number	463	esc Number	463	NCPDP Code	
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Short Desc	Bill Contractor
Long Desc	Bill Contractor
Edit Criteria	<p>If it is a Dental Claim (Claim type 11)</p> <p>Bypass the edit if procedure code=D8999 and Thru-Date of service = 07/01/2005.</p> <p>For encounter claims and Service vendor is NOT in value set DENTAL SERVICE CENTERS (1011 - Humana, 1013 - Anthem, 1076 – Doral) if Thru-Date of Service is greater than 06/30/2005 post the edit</p> <p>For FFS and Thru-Date of Service is greater than 06/30/2005 post edit irrespective of Service vendor number</p> <p>If it is a FFS Transportation claim (Claim type 13) If procedure in Value Set 'PROC-TRANSPORT - NON-EMERGENCY', post the edit.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
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Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA014	ADA Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-464

ESC-464

Edit Information

Edit Number	464	esc Number	464	NCPDP Code	85
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Short Desc	Invalid Drug Code; Not a Compound				
Long Desc	Invalid Drug Code; Not a Compound				
Edit Criteria	<p>If a compound drug is indicated and only one NDC code is specified on the payment request, set the edit.</p> <p>This edit will fail if a compound drug claim is submitted without at least one covered legend drug.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-465

ESC-465

Edit Information

Edit Number	465	esc Number	465	NCPDP Code	EM
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Short Desc	M/I Presc/Serv Ref Number Qualifier
Long Desc	M/I Prescription/Service Reference Number Qualifier
Edit Criteria	For service transactions only, when the Service Reference Number Qualifier is not equal to "02", set edit 465

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
11/21/2011					

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-466

ESC-466

Edit Information

Edit Number	466	esc Number	466	NCPDP Code	
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Short Desc	Invalid Payment Request for HMO Provider				
Long Desc	Invalid payment request for HMO provider.				
Edit Criteria	If the provider class type for any claim type is = 87 or 89 (HMO Medallion II or HMO Options), set the edit. See value set, HMO PROV TYPES - E0466.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-467

ESC-467

Edit Information

Edit Number	467	esc Number	467	NCPDP Code	E1
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Short Desc	M/I Product/Service ID Qualifier
Long Desc	M/I Product/Service ID Qualifier
Edit Criteria	For service transactions, when the Product / Service qualifier is not "99", set edit 467 For drug transactions, when the Product / Service qualifier is not "00" or "03", set edit 467. Or, when the Product / Service qualifier is "00" and the compound indicator is not "2", set edit 467. Or when the Product / Service qualifier is not "03", and the compound indicator is "2", set edit 467.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Title XVIII: Review attachment.</p> <ol style="list-style-type: none">1. If attachment is Medicare EOB and the Medicare payment matches the number of days billed, override with code 0467 and disposition indicator O.2. If attachment is not a Medicare EOB, deny with code 0244 and disposition indicator D.3. If attachment is a Medicare EOB but the Medicare payment does not match days billed, deny with code 0467 and disposition indicator D.
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Edit/Audit Inquiry Results Edit-468

ESC-468

Edit Information

Edit Number	468	esc Number	468	NCPDP Code	
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Short Desc	Rendering Provider Not Certified to Perform Procedure				
Long Desc	Provider Not Certified to Perform This Procedure or Service.				
Edit Criteria	<p>This edit is combined with edit 0148.</p> <p>NOTE:</p> <p>If the provider class type and specialty are carried on the Medical and Administrative Codes Database, then this edit could be simplified to match them against the Provider File class type and specialty. See edit 0148.</p> <p>Exceptions are placed on a provider to allow him to get paid for a service that he would normally not get paid for or to not get paid for a service that he might get paid for. An exception will be applied to a provider at a program level for a period of time and will have a range of procedure codes. The action that needs to be taken on the claim will be to approve the claim. This information is contained in the provider table, PS_PROV_PGM_RSTRCT. Before this edit is done, this table should be queried to see if the provider has an exception and if this edit should be bypassed. See edit 0960.</p> <p>Set the edit if any of the following is true:</p> <p>For Inpatient (claim type 01) or Outpatient, Home Health (claim type 03): If the provider class type = 03 or 07 and the provider specialty code is not = 35 (EPSDT).</p> <p>For Personal Care (claim type 04): If provider class type = 55 (personal care) and the from date of service is > 7/1/94, and</p> <p>1) the enrollee's exception indicator = X (CSB provided wavered MR services (OBRA 87)) (this is going away-should it be dated) and one of the provider specialty codes is not = 45 (new CSB providing substance abuse services)</p> <p>2) the enrollee's exception indicator = Y (CSB provided wavered MR services (Non-OBRA 87)) and one of the provider specialty codes is not = 44</p>				

	<p>or 46 (new CSB providing waived mental retardation services or private contractor of MR services to a CSB)</p> <p>3) the enrollee's exception indicator = Y (CSB provided waived MR services (Non-OBRA 87)) and one of the provider specialty codes is = 44 or 46 but none of the Medical and Administrative Codes Database indicator flags is = 44 or 46 (CSB waived MR services CSB MR private contractor).</p>			
	<p>For Practitioner (claim type 05):</p> <p>1) If the procedure code indicates case management (Medical and Administrative Codes Database flag indicator = CM, SA, FA) and the provider class type = 73 (case management, waivers) and none of the provider specialty codes is = 30, 31, 33, or 34</p> <p>2) If the procedure code indicates case management and the provider class type = 51 (Health Department Clinics) and none of the provider specialty codes is = 32</p> <p>3) If the procedure code indicates assisted living (Medical and Administrative Codes Database flag indicator = F or J) and the provider class type is not = 79 (assisted living)</p> <p>4) If the procedure code indicates assisted living , the provider class type = 79, the Medical and Administrative Codes Database flag indicator = F, and none of the provider specialty codes is = 48</p> <p>5) If the procedure code indicates assisted living , the provider class type = 79, the Medical and Administrative Codes Database flag indicator = J, and none of the provider specialty codes is = 49</p> <p>6) If the provider class type = 56, the first position of the procedure code is not = Z, the payment request is not a reentry, one of the provider specialty codes is = 43, 44, 45, or 46, but none of the Medical and Administrative Codes Database flag indicators matches the provider specialty codes</p> <p>7) If the provider class type = 56, the first position of the procedure code is = Z, the payment request is not a reentry, one of the provider specialty codes is = 43, 44, 45, or 46, but none of the Medical and Administrative Codes Database flag indicators matches the provider specialty codes</p> <p>8) if the enrollee's exception indicator = X or Y (indicating MR waiver) and the provider class type is not = 47 (Respite Care), 56 (Mental Health Center), or 63 (Private Duty Nursing)</p> <p>9) if the enrollee's exception indicator = X and the provider class</p>			

<p>type = 47, 56, or 63, but none of the provider's specialty codes is = 45</p> <p>10) if the enrollee's exception indicator = Y and the provider class type = 47, 56, or 63, but none of the provider's specialty codes is = 44 or 46</p> <p>11) if one of the Medical and Administrative Codes Database flag indicators = 43 and the provider class type is not = 56 (Mental Health Center)</p> <p>12) if one of the Medical and Administrative Codes Database flag indicators = 43 and the provider class type is = 56 (Mental Health Center), but none of the provider specialty codes is = 43</p> <p>13) If the provider class type = 73 (case management, waivers), specialty = 40, and the procedure code does not indicate service coordinators or CDPAS (Medical and Administrative Codes Database flag indicator = Q)</p> <p>14) If the Medical and Administrative Codes Database flag indicator = Q and the enrollee's exception indicator = Q, but the servicing provider is not equal to the enrollee's CDPAS coordinator on the Enrollee Datastore.</p> <p>15) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 25 and any of the provider's specialties is not 25. If one of the provider specialties is 25, set the provider specialty to 25 on the claim.</p> <p>16) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 26 and any of the provider's specialties is not 26. If one of the provider specialties is 26, set the provider specialty to 26 on the claim.</p> <p>17) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 27 and any of the provider's specialties is not 27. If one of the provider specialties is 27, set the provider specialty to 27 on the claim.</p> <p>18) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 28 and any of the provider's specialties is not 28. If one of the provider specialties is 28, set the provider specialty to 28 on the claim.</p> <p>19) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 29 and any of the provider's specialties is not 29. If one of the provider specialties is 29, set the provider specialty to 29 on the claim.</p>				
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-469

ESC-469

Edit Information

Edit Number	469	esc Number	469	NCPDP Code	
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Short Desc	Submitted Documents Not Suitable for Review				
Long Desc	Submitted Documents Not Suitable for Review				
Edit Criteria	This edit is used by the Payment Processing Unit to deny payment requests for various edits.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-470

ESC-470

Edit Information

Edit Number	470	esc Number	470	NCPDP Code	63
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Short Desc	Not Covered/Nursing Facility Supply Item				
Long Desc	Not Covered/Nursing Facility Supply Item				
Edit Criteria	For nursing home enrollees (enrollee exception indicator = 1, 2, 7), certain drugs and supplies are included in the nursing home rate and are not reimbursed to the pharmacy. These drugs are identified by a NDC service limitation of 4 on the Medical and Administrative Codes Database. If a NDC has a service limitation = 4, set the edit. Exception Indicator of "D" was included until release 15 (12/19/2005)				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-471

ESC-471

Edit Information

Edit Number	471	esc Number	471	NCPDP Code	
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Short Desc	Not Eligible for MICC Serv on Date of Serv				
Long Desc	Not Eligible for MICC Serv on Date of Serv				
Edit Criteria	If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the claim's dates of service are not within the MICC begin and end dates on RS_MICC_CASE_MGMT, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-472

ESC-472

Edit Information

Edit Number	472	esc Number	472	NCPDP Code	
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Short Desc	Enrollee Not Authorized for MICC Service				
Long Desc	Enrollee Not Authorized for MICC Service				
Edit Criteria	If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Data-base, and there is no record on RS_MICC_CASE_MGMT for the person id, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-473

ESC-473

Edit Information

Edit Number	473	esc Number	473	NCPDP Code	
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Short Desc	Outcome Report Not Received				
Long Desc	Outcome Report Not Received				
Edit Criteria	<p>If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the case management outcome report indicator (DE 8404) on RS_MICC_CASE_MGMT does not = 'Y' (meaning the outcome report has not been received), set the edit.</p> <p>Use the enrollee's permanent person id (DE 3093) to read RS_MICC_CASE_MGMT and check the claim's from and thru dates of service against the MICC begin (DE 8403) and end (DE 8489) dates to find the correct record for checking the outcome report indicator.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		OFF	
		OFF	
EMC		OFF	
		OFF	
Adjustment		OFF	
		OFF	
POS		PAY	
Encounter		0	
Special Batch		OFF	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-474

ESC-474

Edit Information

Edit Number	474	esc Number	474	NCPDP Code	
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Short Desc	Over Age 2, Infant Risk Screen Not Required				
Long Desc					
Edit Criteria	This edit is not used and is deleted from the new MMIS. Edits 292, 295, and 459 are used for Risk Screen.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-475

ESC-475

Edit Information

Edit Number	475	esc Number	475	NCPDP Code	
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Short Desc	Adjustment Denied, Patient Status Cannot Change				
Long Desc	Adjustment Denied, Patient Status Cannot Change				
Edit Criteria	For Inpatient (claim type 01) PCT 01 (General Hospitals), 14 (Rehab Hospitals), 85 (Rehab Hospitals) and 91 (Hospitals): If the adjustment discharge status = 30, but the original payment request's discharge status is not = 30 or if the original payment request's discharge status = 30, but the adjustment discharge status is not = 30, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	J	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-476

ESC-476

Edit Information

Edit Number	476	esc Number	476	NCPDP Code	
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Short Desc	BHSA ENCOUNTER - SVC NOT ALLOWED
Long Desc	BHSA ENCOUNTER - SVC NOT ALLOWED
Edit Criteria	<p>This edit applies to Magellan encounters (media 9, service vendor 1077).</p> <ol style="list-style-type: none"> 1. If CT not = 01, 03, 05, set edit. 2. If FDOS < 12/1/2013 and TDOS >= 12/1/2013, set edit 1170 (DOS Spans Billing Change); otherwise, if FDOS < 12/1/2013, set this edit. 3. If program/subprogram not = 01/01, 07/01, 01/03, 07/03, 01/12, set edit. 4. CT 05 <ul style="list-style-type: none"> If primary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay; otherwise, if proc code is (H0031, H0032, H0036, or 90889) and primary diagnosis is 7999, diagnosis is okay; otherwise, if proc code is (H0023, H0035, or T1016) and member is under 7 years old and primary diagnosis is 7999, diagnosis is okay; otherwise, if primary diagnosis is in value set "Pregnancy Diagnosis" (#892) and secondary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay; otherwise, set the edit. <ol style="list-style-type: none"> a. If PT/Spec not in value set "BH Professional PT/Spec", set the edit. b. If proc code is not in value set "BHSA Proc", set the edit. c. If program/subprogram = 01/03 and proc code is in value set "BH Mcd MCO Proc", set the edit.

d. If program/subprogram = 07/03 and aid category is not 05 and proc code is in value set "BH FAMIS MCO Proc", set the edit.

e. If program/subprogram = 07/03 and aid category is 05 and proc code is in value set "BH FAMIS MOM MCO Proc", set the edit.

f. If program/subprogram = 01/12 and proc code is in value set "BH CCC Proc", set the edit.

g. If aid category is "087" (GAP), and proc code is not in value set "BH GAP Proc", set the edit.

5. CT 01 and 03

a. If PT is not in value set "BH Institutional Prov Type", set the edit.

b. If primary diagnosis is in value set "Diag Code Psych Claim", diagnosis is okay;
otherwise, if primary diagnosis is in value set "Pregnancy Diagnosis" (#892) and secondary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay;
otherwise, set the edit.

c. If PT = 077 and any revenue code is in value set "EPSDT Miscellaneous Services", set the edit.

d. If CT = 03 and all revenue codes are in value set "Lab Revenue Codes", set the edit.

e. If program/subprogram = 01/03,
- If CT = 01 and PT is not 012, 077, set the edit.
- If CT = 03, set the edit.

f. If program/subprogram = 07/03, aid category not = 05
- If CT = 01 and PT = 001 or 091, set the edit.
- If CT = 03, set the edit.

g. If program/subprogram = 07/03 and aid category = 05,
- If CT = 01 and PT = 001, 003 or 091, set the edit.
- If CT = 03, set the edit.

h. If program/subprogram = 01/12,
- If CT = 01 and PT = 001, 003 or 091, set the edit.
- If CT = 03, set the edit.

i. If aid category is "087" (GAP), set the edit.

h. If aid category is not '087' (GAP) and proc code is H0023 with proc modifier UB or UC, set the edit.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
BH Encounter		8	
Special Batch			
PA			

Programs

CPA330VA

CPA340VA

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-477 ESC-477

Edit Information

Edit Number	477	esc Number	477	NCPDP Code	
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Short Desc	SUBMIT CLAIM TO BHSA CONTRACTOR
Long Desc	SUBMIT CLAIM TO BHSA CONTRACTOR
Edit Criteria	<p>This edit applies to claims only, not encounters.</p> <ol style="list-style-type: none"> 1. If CT not = 01, 03, 05, bypass edit. 2. If program/subprogram not = 01/01, 07/01, 01/03, 07/03, 01/12, bypass edit. 3. CT 05 <ol style="list-style-type: none"> a. All <ul style="list-style-type: none"> • If PT/Spec is not in value set “BH Professional PT/Spec” or PT = 20 or 95, bypass the edit. • If proc code is in value set “BH Diag Proc” • If primary diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS • If primary diagnosis is in value set “Pregnancy Diagnosis” and secondary diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS b. If subprogram = 01 and proc cd is in “BH – Magellan Only Proc”, perform Check-DOS; c. If program/subprogram = 01/03 and proc code is in value set “BH Mcd MCO Carveout”, perform Check-DOS. d. If program/subprogram = 07/03 and aid category is not 05 and proc code is in value set “BH FAMIS MCO Carveout”, perform Check-DOS. e. If program/subprogram = 07/03 and aid category is 05 and proc code is in value set “BH FAMIS MOM MCO Carveout”, perform Check-DOS. f. If program/subprogram = 01/12 and proc code is in value set “BH CCCCarveout”, perform Check-DOS. 4. CT 01, 03

	<p>a. If PT is not in value set “BH Institutional Prov Type”, bypass the edit.</p> <p>b. If PT = 077 and any revenue code is in value set “EPSDT Miscellaneous Services”, bypass the edit.</p> <p>c. If CT = 03 and all revenue codes are in value set “Lab Revenue Codes”, bypass the edit.</p> <p>d. If subprogram = 01, CT = 03 and primary diagnosis is in value set “Diag Code Psych Claim”, check all revenue code lines. If revenue line procedure code is in “BHSA Proc”, perform Check-DOS.</p> <p>e. If program/subprogram = 01/01, CT = 01 and primary diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS.</p> <p>f. If program/subprogram = 07/01, CT = 01, PT = 001 or 091 and primary diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS.</p> <p>g. If program/subprogram = 01/03 and CT = 01 and PT = 012, 077 and diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS.</p> <p>h. If program/subprogram = 07/03 and aid category is 05 and CT = 01 and PT = 077 and diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS.</p> <p>i. If program/subprogram = 01/12 and CT = 01 and PT = 002, 007, or 012 and diagnosis is in value set “Diag Code Psych Claim”, perform Check-DOS.</p> <p>Check-DOS:</p> <p>If FDOS < 12/1/2013 and TDOS >= 12/1/2013, set edit 1170 (DOS Spans Billing Change); otherwise, if FDOS >= 12/1/2013, set this edit. For CT 03, set the edit at the line level.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
EMC		D	
Adjustment		D	
POS			
Encounter			
Special Batch	217	P	
PA			

Programs

CPA330VA
CPA340VA

Exceptions

Disposition for CT 03 is N.

Resolution

(None)

Edit/Audit Inquiry Results Edit-478

ESC-478

Edit Information

Edit Number	478	esc Number	478	NCPDP Code	
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Short Desc	BHSA - INVALID OBJECT CD SUBMITTED
Long Desc	BHSA ENCOUNTER - INVALID OBJECT CODE SUBMITTED
Edit Criteria	This edit applies to Magellan encounters (media 9, service vendor 1077). If the budget account number (This is derived from the submitted object code) is 0, set the edit.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
BH Encounter		8	
Special Batch			
PA			

Programs

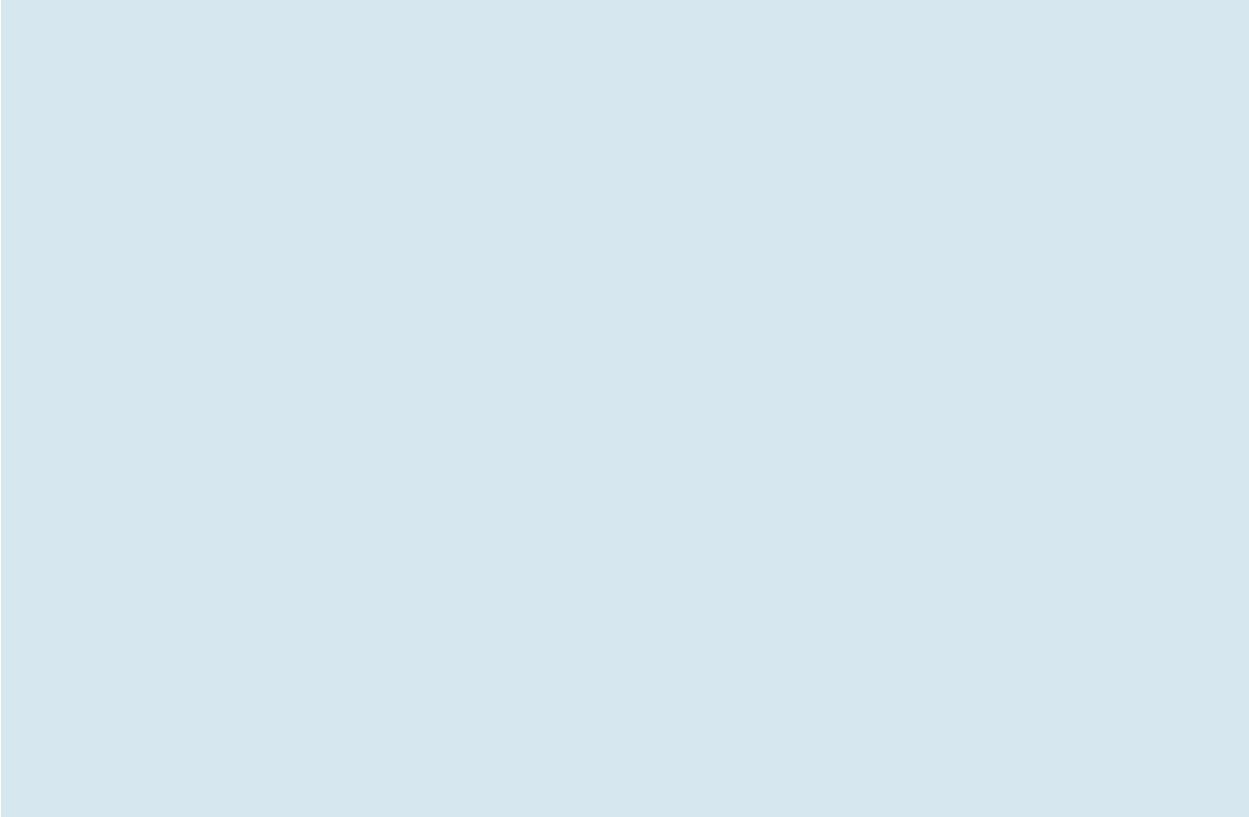
CPA100VA

Exceptions

None

Resolution

(None)



Edit/Audit Inquiry Results Edit-479

ESC-479

Edit Information

Edit Number	479	esc Number	479	NCPDP Code	
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Short Desc	No HCPCs Code on Invoice				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-480

ESC-480

Edit Information

Edit Number	480	esc Number	480	NCPDP Code	
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Short Desc	Not CLIA Certified to Perform Procedure				
Long Desc	Provider not CLIA certified to perform procedure.				
Edit Criteria	<p>For Practitioner (claim type 05):</p> <p>1) If the from date of service is > 01/16/96, the procedure code = 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78270, 78271, 78272 and the procedure modifier = 26 or 52 (professional component), bypass the edit.</p> <p>2) If the from date of service is > 1/16/96, the procedure code is 88312, 88313, 88314 and the procedure modifier = TC (technical component), bypass the edit.</p> <p>3) If the from date of service is > 09/30/98 and the provider class type = 20 (Physician), 23 (Nurse Practitioner), or 35 (Nurse Midwife) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following conditions is true based on the CLIA number submitted on the payment request:</p> <p>a) the CLIA number on the payment request = zeros</p> <p>b) the CLIA number on the payment request is not on CLIA Master data-base</p> <p>c) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment request's dates of service</p> <p>d) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9</p> <p>e) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9</p> <p>f) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4, 9</p> <p>4) If the from date of service is > 2/14/95 and the provider class type = 46 (Hospice), 50 (Renal Unit), 51 (Health Department Clinic), 52 (FQHC), 53 (Rural Health Clinic), or billing provider class type = 72 (Department of Education) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following is true:</p>				

	<p>a) the CLIA number on the payment request = zeros b) the CLIA number on the payment request is not on CLIA Master data-base c) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment request's dates of service d) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9 e) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9 f) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4, 9</p> <p>For Laboratory (claim type 08): If the from date of service is > 7/31/93 and the provider class type = 70 (Independent Laboratory) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following is true: a) none of the servicing provider's CLIA numbers (from the Provider-CLIA Xref Database) is found on the CLIA Master Database; if the first 2 positions of any CLIA number are 'VA', bypass the edit b) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment request's dates of service c) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9 d) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9 e) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4, 9</p> <p>See value set, CLIA PROC CODES.</p>				
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-481

ESC-481

Edit Information

Edit Number	481	esc Number	481	NCPDP Code	
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Short Desc	Nursing Home Patient: PA Required				
Long Desc	Nursing Home Patient; PA required				
Edit Criteria	<p>For Practitioner (claim type 05): If the provider class type is 62 (DME), and the enrollee is in a nursing home (enrollee exception indicator is 1, 2, or 7), or enrolled is a VALTC LIMITED benefit (VALTC-REGULAR-LTD, VALTC-PLUS-LTD, or VALTC-XTRA-LTD) and the procedure code requires a PA (PA type = 01 or 03), and an approved PA is not found on the PA File, set the edit.</p> <p>If the procedure does not require a PA (PA type not = '01' or '03'), the PA table is not referenced even if a PA is on the claim, unless the PA type is '02', then it is checked in history editing to extend service limits.</p> <p>The edit is bypassed for 'L' procedure codes in the range L5000-L9999 and for 'L' codes with type 02 PA.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	

Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-482

ESC-482

Edit Information

Edit Number	482	esc Number	482	NCPDP Code	
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Short Desc	Unable to Validate Enrollee in HMO				
Long Desc	Unable to Validate Enrollee in HMO				
Edit Criteria	<p>Bypass the edit if the payment request is a reentry.</p> <p>If the provider class type = 67 (HMO Medallion II) or 69 (HMO Options) and the enrollee is not in an HMO (Medallion II or Options), and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482.</p> <p>If the provider class type = 67 or 69, the enrollee is in Medallion and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482.</p> <p>For Practitioner (claim type 05), if the provider class type = 67 or 69 and the enrollee is in an HMO (Medallion II or Options), verify that the servicing provider submitting the claim is the Immunization provider for the claim dates of service for the HMO the enrollee is in. If not and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482. If the provider is the Immunization provider, but the procedure is not an immunization procedure (flag indicator not = OC), set edit 0453.</p> <p>See value set, ATTACH DISP PROC MODS</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		PAY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		PAY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-483

ESC-483

Edit Information

Edit Number	483	esc Number	483	NCPDP Code	
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Short Desc	Prior Authorization Approval is Pending				
Long Desc	Prior authorization approval is pending, please resubmit when authorized.				
Edit Criteria	<p>If a service requires Prior Authorization and a PA number is found on the PA File for the service, but the PA action status = P (pend) or R (Received, but not Approved), set the edit.</p> <p>If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-484

ESC-484

Edit Information

Edit Number	484	esc Number	484	NCPDP Code	
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Short Desc	Two Providers Same Service/Date of Service				
Long Desc	Two Providers Same Service/Date of Service				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-485

ESC-485

NOTE: This edit is no longer in use. The Medallion program ended in the summer of 2012.

Edit Information

Edit Number	485	esc Number	485	NCPDP Code	
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Short Desc	Authorization by Medallion PCP Not Indicated
Long Desc	Authorization by medallion PCP not indicated.
Edit Criteria	<p>For Inpatient (claim type 01) and Outpatient (claim type 03), if a Medallion enrollee's payment request is not exempt from the Medallion edits, and the first other Physician is not equal to the Primary Care Provider nor affiliated with the Primary Care Provider, set the edit.</p> <p>A payment request is exempt from the Medallion edits if:</p> <ol style="list-style-type: none"> 1) The locking begin date = the locking end date or 2) The admit date is not equal to the from date of service or 3) The claim type is 03 and the type of bill = 333, 337, or 338 (Home Health) or 4) The payment request has revenue code 518 (after hours clinic) and the service is done during non-business hours (that is, on Saturday or Sunday, on a weekday between the hours of 5 PM and 8 AM, or on a weekday when the hours = space or zeros) or 5) If the attending physician = the Primary Care Physician or is affiliated with the Primary Care Physician or 6) The payment request has a revenue code = 450 - 459 or 7) The payment request has an admission type of 1 (emergency) and admission source of 7 (emergency room) or 8) The provider class type is in the Medallion Exempt Provider Type Value Set or 9) The provider specialty is in the Medallion Exempt Provider Spec Value Set with any provider class type or with a specific provider class type or 10) For ICD-9 claims, any diagnosis on the payment request is in the ICD-9 value set 220 (Medallion Exempt Diagnosis) or 11) For ICD-9 claims, the principal or any other procedure code is on the ICD-9 value set 223 (Medallion Exempt Surgery Proc) or <p>For Practitioner (claim type 05), if a Medallion enrollee's payment request is not exempt from the Medallion edits, set the edit.</p> <p>A payment request is exempt from the Medallion edits if:</p> <ol style="list-style-type: none"> 1) The locking begin date = the locking end date or

	<p>2) The provider class type = 20 (physician), the place of treatment = 22 (outpatient hospital) or 19 (off campus – outpatient hospital), and the type of service = 2 (surgery), 4 or 7 (anesthesia), 6 (radiology), 5, or 8 (pathology) or</p> <p>3) The servicing provider equals the Primary Care Provider or is affiliated with the Primary Care Provider or</p> <p>4) The referring provider equals the Primary Care Provider or is affiliated with the Primary Care Provider or</p> <p>5) The place of treatment = 22 (outpatient hospital) or 19 (off campus – outpatient hospital), and the accident indicator = Y or the emergency indicator = Y (accident or emergency) or</p> <p>6) The place of treatment = 21 (inpatient hospital) or 31, 32, or 33 (nursing home) or 41 or 42 (ambulance) or</p> <p>7) The procedure code is in the Medallion Exempt Procedures Value Set (5009) or</p> <p>8) One of the Medical and Administrative Codes Database flag indicators = S (EPSDT screening) or I (EPSDT immunization) or</p> <p>9) The procedure code is the Medallion Exempt Procedures-NT Value Set (5055) and (for ICD-9 claims) one of the diagnoses is in the ICD-9 value set 5056 (Medallion Exempt Diagnosis-NT) or</p> <p>10) The provider class type is in the Medallion Exempt Provider Type Value Set or</p> <p>11) The provider specialty is in the Medallion Exempt Provider Spec Value Set with any provider class type or with a specific provider class type or</p> <p>12) For ICD-9 claims, any diagnosis on the payment request is in the ICD-9 value set 220 (Medallion Exempt Diagnosis) or</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p> <p>See value set 220, MEDALLION EXEMPT DIAGNOSIS. See value set, MEDALLION EXEMPT PROVIDER TYPE. See value set, MEDALLION EXEMPT PROVIDER SPEC. See value set 223, MEDALLION EXEMPT SURGERY PROC. See value set 5009, MEDALLION EXEMPT PROCEDURES.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-486

ESC-486

Edit Information

Edit Number	486	esc Number	486	NCPDP Code	
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Short Desc	Units Billed Exceeds Units Authorized				
Long Desc	Units Billed Exceeds Units Authorized				
Edit Criteria	<p>If the Medical and Administrative Codes Database PA type = 03, and the PA number has been found on the PA File for the service, and the PA action status = A (Approved), and the PA units authorized for the month/year of the payment request have all been used, set the edit.</p> <p>If the PA units authorized for the month/year of the payment request have not all been used, then pay the number of units remaining on the authorization and set EOB 0639 if there is a cutback.</p> <p>If a cutback cannot be taken, that is, there are no authorized units remaining on the PA, then set this edit.</p> <p>If a PA number is submitted on the claim and it does match any of the approved PAs on file, set edit 0157.</p> <p>If pre-approved services are billed and the enrollee on the payment request does not match the enrollee on the approved PA, set edit 0158.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
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Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPT99ERP	POS Pharmacy Claims Error Processor

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-487 ESC-487

Edit Information

Edit Number	487	esc Number	487	NCPDP Code	
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Short Desc	Patient Payment Greater Than Charge
Long Desc	Patient Payment Exceeds VMAP's Reimbursement
Edit Criteria	<p>If the submitted patient pay is greater than the billed charges, set the edit.</p> <p>If the submitted patient pay amount is greater than zero and also greater than the allowed amount less the Medicaid Copay and less the TPL amount, set the edit with disposition of 'D' (Deny).</p> <p>If the calculated patient pay amount is greater than zero and greater than the result of (allowed amount – copay amount – TPL amount), set the edit with disposition of 'E' (explanation of benefits).</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care	Y	Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-488

ESC-488

Edit Information

Edit Number	488	esc Number	488	NCPDP Code	
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Short Desc	Resubmit with CMM Referral Form
Long Desc	Resubmit with CMM Referral Form
Edit Criteria	<p>For Transportation (claim type 13):</p> <p>If the enrollee is locked-in to a specific transportation provider (enrollee benefit exception indicator = 6), and the billing or servicing provider is not equal to the lock-in provider nor affiliated with the lock-in provider, but the referring provider is the lock-in provider or is affiliated with the lock-in provider, then set the edit if there is no attachment and the claim was submitted on paper.</p> <p>Bypass the edit if:</p> <ol style="list-style-type: none"> 1) the billing/servicing provider is the lock-in provider or affiliated with the lock-in provider 2) the provider/specialty types are <ul style="list-style-type: none"> 80/09 Neo-natal ambulance 80/21 Air ambulance 82 Emergency air ambulance 84 Out-of-state emergency air ambulance 3) the procedure codes are one of these: <ul style="list-style-type: none"> Y0110 Emergency Ambulance Y0121 Special code for authorized providers <p>For Outpatient (claim type 03)</p> <p>If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 - 459) and the principal procedure code is not surgical (procedure in ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES):</p> <ol style="list-style-type: none"> 1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabel) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes), pay the request at full coverage with EOB 0698. 2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes), but is on

the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), pend the payment request for edit 0290.

3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, a reduction is not taken and edit 0290 is set. If the payment amount is <= \$ 30, pay the payment amount and set the EOB 698.

4) and the attending provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and:

a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.

b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.

c) the claim is ECS (electronically submitted), set edit 0290.

5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and:

a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.

b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.

c) the claim is ECS (electronically submitted), set edit 0421.

Bypass the edit if the principal procedure code is a surgical procedure (procedure NOT found in ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES).

Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

For Practitioner (claim type 05)

1) If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and

	<p>the billing provider or the servicing provider is not the lock-in physician or affiliated with the lock-in physician, but the referring physician is the lock-in physician or is affiliated with the lock-in physician and the procedure code is not equal to 90500-90580, 99062, 99064, 99065, or 99281-99285 (See value set, EMERGENCY PROCEDURE CODES), then set the edit if there is no attachment and the claim was submitted on paper.</p> <p>2) If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4 or 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 ICD-10 DX Emergency Pend Codes), and if there is no attachment and the claim was submitted on paper, set this edit if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, set edit 0497.</p> <p>Bypass the edit if any of the following apply:</p> <p>1) the provider class type is in value set CMM EXEMPT PROVIDER TYPES</p> <p>2) the Medical and Administrative Codes Database flag indicator = S, I, or FP</p> <p>3) the place of treatment = 21 (inpatient hospital) or 51 (inpatient psychiatric)</p> <p>4) the type of service is anesthesia (7)</p> <p>5) the procedure code is in the range 70000 - 89999 and has a professional component modifier (26)</p> <p>6) the procedure code's first position is A or V</p> <p>7) the procedure code is in value set CMM EXEMPT PROCEDURES</p> <p>8) the diagnosis code is one of these sterilization codes in the ICD-9 value set 279 (DIAG STERILIZATION CODES) or ICD-10 value set 20279 (ICD-10 STERILIZATION DIAGS)</p> <p>9) the diagnosis code is one of these family planning codes in the ICD-9 value set 280 (DIAG FAMILY PLAN CODES) or ICD-10 value set 20280 (ICD-10 FAM PLN EDT BYPASS DIAG)</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-489

ESC-489

Edit Information

Edit Number	489	esc Number	489	NCPDP Code	
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Short Desc	CMM Referral Form Not Acceptable				
Long Desc	CMM Referral Form Not Acceptable				
Edit Criteria	This edit is used by Pend Resolution to deny a claim that was submitted with a physician or transportation referral form. See edits 0286, 0488.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-490 ESC-490

Edit Information

Edit Number	490	esc Number	490	NCPDP Code	
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Short Desc	Spec Prog EPSDT Indicator Absent				
Long Desc	EPSDT condition code missing or not valid.				
Edit Criteria	<p>For Inpatient (claim type 01): If the provider class type = 03 (Private Mental Hospital), 07 (State MH), or 77(Residential Treatment Center), and the enrollee's age is < 21, and the special program indicator (condition code) is not = A1 (EPSDT/CHAP), set the edit. The special program indicator is entered on the UB92 form in one of the condition codes.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-491 ESC-491

Edit Information

Edit Number	491	esc Number	491	NCPDP Code	AF
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Short Desc	Included in Capitation Rate for LTC PCP/PACE
Long Desc	Included in Capitation Rate for LTC PCP/PACE
Edit Criteria	The Edit 0491 applies only to FFS claims. The edit is set for all the FFS payments except PACE Capitation Payments which are represented by a PACE Enrollee with PT 104 and Rev Code 3103.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

For Outpatient, bill type 131 suspends. For Title 18, part B, suspends.

Resolution

Deny pended claims 0491 D. Update 7/21/2011

Edit/Audit Inquiry Results Edit-492 ESC-492

Edit Information

Edit Number	492	esc Number	492	NCPDP Code	
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Short Desc	Medicare Paid 100% of Allowed Charges				
Long Desc	Medicare Paid 100% of Allowed Charges				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-493 ESC-493

Edit Information

Edit Number	493	esc Number	493	NCPDP Code	25
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Short Desc	Prescribing Physician not on file				
Long Desc	Prescribing Physician not on file				
Edit Criteria	<p>If Prescriber is not a valid Medicaid Provider ID, set the edit.</p> <p>Edit modified 02/01/06: If prescriber provider class type is not recorded in Value Set - Prescriber Provider Class Type, set the edit. If prescriber is recorded in Value Set - Prescriber ID Invalid, set the edit.</p> <p>For NPI Compliance: If NPI prescriber provider class type is not recorded in Value Set - Prescriber Provider Class Type, set the edit. If NPI prescriber is recorded in Value Set - Prescriber ID Invalid, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch		PAY	
PA			

Programs

Program	Program Title
VPTM1PRV	POS Pharmacy Claims Provider Edits Process

Exceptions

Effective 10-1-00 this edit will deny instead of EOB.

Resolution

(None)

Edit/Audit Inquiry Results Edit-494

ESC-494

Edit Information

Edit Number	494	esc Number	494	NCPDP Code	
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Short Desc	Valid Authorization Not Attached				
Long Desc	Valid Authorization Not Attached				
Edit Criteria	Deleted This edit is no longer required in the new VA MMIS Criteria retained as comments for informational purposes. Deleted per DMAS: For Practitioner (claim type 05), Laboratory (claim type 08), and Transportation (claim type 13): If the procedure code billed has a pend review indicator of S, and there is an attachment, set edit 220. If there is no attachment, set this edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-495

ESC-495

Edit Information

Edit Number	495	esc Number	495	NCPDP Code	
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Short Desc	Other Insurance Information Missing
Long Desc	Other insurance information is missing
Edit Criteria	<p>For Practitioner (claim type 05) and Independent Laboratory (claim type 08): If the COB code = 5 and there is no attachment, set the edit.</p> <p>The edit is bypassed if any of the following is true:</p> <ol style="list-style-type: none"> 1) the procedure code begins with Y or Z except for Y0110, Y0111, and Y0112 2) there is an 'I' or 'S' flag indicator on the Medical and Administrative Codes Database, indicating immunization vaccine codes 3) the enrollee's TPL type = U (uninsured absent parent) 4) one of the procedure code flag indicators on the Medical and Administrative Codes Database is = 90 5) one of the procedure code flag indicators on the Medical and Administrative Codes Database is = 91 and the first diagnosis on payment request is in the ICD-9 value set 172 (BYPASS DIAGNOSIS CODES) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES) 6) the first diagnosis on the payment request is in the ICD-9 value set 21004 (ICD-9 DX ROUTINE CHILD HEALTH) or ICD-10 value set 22004 (ICD-10 DX ROUTINE CHILD HEALTH) and one of the procedure code modifiers is an EPSDT modifier = H, K, T, U, W, Y OR Z. 7) the claim type is 05, the provider type is 072, and the procedure is in Value Set entry School Rehab Services 8) the Procedure Code is found in the "State Plan Options Services" Value Set.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	T	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
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FAMIS	Y	Assessments			
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Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		TEST	
		TEST	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA032	TPL Edits

Exceptions

On 5/7/2004, the disposition for all claim types, all programs for EMC were changed from deny to test with an effective date of 07/01/2000.

Resolution

(None)

Edit/Audit Inquiry Results Edit-496

ESC-496

Edit Information

Edit Number	496	esc Number	496	NCPDP Code	85
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Short Desc	CMN Required				
Long Desc	CMN Required				
Edit Criteria	This Edit is used by Pend Resolution Technicians to deny claims. If CMN is missing or invalid in payment request, set the edit. Edit set by PR Tech.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	R	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-497 ESC-497

Edit Information

Edit Number	497	esc Number	497	NCPDP Code	
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Short Desc	CMM Emergency Not Substantiated				
Long Desc	CMM Emergency Not Substantiated				
Edit Criteria	<p>This edit is used by the Payment Processing Unit to deny CMM payment requests that pended with edit 0290. The documentation does not substantiate the payment request.</p> <p>For Practitioner (claim type 05): If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4 or 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 (See value set, EMERGENCY PROCEDURE CODES) and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and if there is no attachment and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, set this edit 0497.</p> <p>For Outpatient (claim type 03) If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 -459) and the principal procedure code is not surgical (010 - 8699): 1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the Payable ER Diagnosis</p>				

	<p>Code Table III, pay the request at full coverage with EOB 0698.</p> <p>2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.</p> <p>3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, a reduction is not taken and edit 0290 is set. If the payment amount is <= \$ 30, pay the payment amount and set the EOB 698.</p> <p>4) and the attending provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.</p> <p>b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.</p> <p>c) the claim is ECS (electronically submitted), set edit 0290.</p> <p>5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:</p> <p>a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.</p> <p>b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.</p> <p>c) the claim is ECS (electronically submitted), set edit 0421.</p> <p>Bypass the edit if the principal procedure code is a surgical procedure (01000 - 86999).</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-498

ESC-498

Edit Information

Edit Number	498	esc Number	498	NCPDP Code	
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Short Desc	CMM Emergency Documentation Not Received				
Long Desc	CMM Emergency Documentation Not Received				
Edit Criteria	Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 0498 after 21 days if no letter is returned.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-499 ESC-499

Edit Information

Edit Number	499	esc Number	499	NCPDP Code	
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Short Desc	Once in a Lifetime Surgery				
Long Desc					
Edit Criteria	This edit was not found in current MMIS unless it is used by Pend Resolution. The new edit 825 can be used to deny pending requests. Edit 499 is deleted from the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-500 ESC-500

Edit Information

Edit Number	500	esc Number	500	NCPDP Code	
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Short Desc	Proc/Mod Inconsistent				
Long Desc	The Procedure Code is Inconsistent with the Modifier Used or a Required Modifier is Missing				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	O	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Kmsm0006	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-501 ESC-501

Edit Information

Edit Number	501	esc Number	501	NCPDP Code	
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Short Desc	CPT/REV CD INCONSISTENT WITH POS				
Long Desc	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH PLACE OF SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-502 ESC-502

Edit Information

Edit Number	502	esc Number	502	NCPDP Code	
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Short Desc	CPT CD INCONSISTENT WITH PT AGE				
Long Desc	THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-503

ESC-503

Edit Information

Edit Number	503	esc Number	503	NCPDP Code	
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Short Desc	CPT CD INCONSISTENT WITH PT SEX				
Long Desc	THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-504 ESC-504

Edit Information

Edit Number	504	esc Number	504	NCPDP Code	
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Short Desc	CPT CD INCONSISTENT WITH PROV TYPE				
Long Desc	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-505 ESC-505

Edit Information

Edit Number	505	esc Number	505	NCPDP Code	
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Short Desc	DX INCONSISTENT WITH PT AGE				
Long Desc	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-506 ESC-506

Edit Information

Edit Number	506	esc Number	506	NCPDP Code	
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Short Desc	DX INCONSISTENT WITH PT SEX				
Long Desc	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-507 ESC-507

Edit Information

Edit Number	507	esc Number	507	NCPDP Code	
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Short Desc	DX INCONSISTENT WITH CPT				
Long Desc	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-508 ESC-508

Edit Information

Edit Number	508	esc Number	508	NCPDP Code	
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Short Desc	DX INCONSISTENT WITH PROV TYPE				
Long Desc	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-509

ESC-509

Edit Information

Edit Number	509	esc Number	509	NCPDP Code	
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Short Desc	DATE OF DEATE PRECEDES DOS				
Long Desc	THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-510 ESC-510

Edit Information

Edit Number	510	esc Number	510	NCPDP Code	
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Short Desc	DOB LATER THAN DOS				
Long Desc	THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-511

ESC-511

Edit Information

Edit Number	511	esc Number	511	NCPDP Code	
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Short Desc	AUTH NO MISSING/INVALID				
Long Desc	AUTHORIZATION NUMBER IS MISSING/INVALID				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-512

ESC-512

Edit Information

Edit Number	512	esc Number	512	NCPDP Code	
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Short Desc	INFO MISSING FOR PROCESSING				
Long Desc	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-513

ESC-513

Edit Information

Edit Number	513	esc Number	513	NCPDP Code	
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Short Desc	REQ INFO MISSING/INCOMPLETE				
Long Desc	REQUESTED INFORMATION MISSING/INCOMPLETE				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-514 ESC-514

Edit Information

Edit Number	514	esc Number	514	NCPDP Code	
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Short Desc	DUPLICATE				
Long Desc	DUPLICATE CLAIM/SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-515

ESC-515

Edit Information

Edit Number	515	esc Number	515	NCPDP Code	
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Short Desc	DEN DUE TO WORKMEN'S COMP				
Long Desc	CLAIM DENIED BECAUSE THIS IS A WORK-RELATED INJURY/ILLNESS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-516 ESC-516

Edit Information

Edit Number	516	esc Number	516	NCPDP Code	
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Short Desc	DEN COVERED BY LIABILITY CARRIER				
Long Desc	CLAIM DENIED DUE TO INJURY/ILLNESS COVERED BY THE LIABILITY CARRIER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-517 ESC-517

Edit Information

Edit Number	517	esc Number	517	NCPDP Code	
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Short Desc	DEN COVERED BY NO-FAULT CARRIER				
Long Desc	CLAIM DENIED BECAUSE INJURY/ILLNESS IS LIABILITY OF NO-FAULT CARRIER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-518

ESC-518

Edit Information

Edit Number	518	esc Number	518	NCPDP Code	
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Short Desc	DEN COVERED BY ANOTHER PAYER				
Long Desc	SERVICE MAY BE COVERED BY ANOTHER PAYER				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-519

ESC-519

Edit Information

Edit Number	519	esc Number	519	NCPDP Code	
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Short Desc	ADJ CHGS PD BY ANOTHER PAYER				
Long Desc	PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-520 ESC-520

Edit Information

Edit Number	520	esc Number	520	NCPDP Code	
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Short Desc	SVC COVERED UNDER CAPITATION				
Long Desc	SERVICE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-521 ESC-521

Edit Information

Edit Number	521	esc Number	521	NCPDP Code	
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Short Desc	DOS PRIOR TO COVER EFF DT				
Long Desc	EXPENSES INCURRED PRIOR TO COVERAGE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-522

ESC-522

Edit Information

Edit Number	522	esc Number	522	NCPDP Code	
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Short Desc	DOS AFTER COVER TERM DT				
Long Desc	EXPENSES INCURRED AFTER COVERAGE TERMINATED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-523

ESC-523

Edit Information

Edit Number	523	esc Number	523	NCPDP Code	
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Short Desc	TIMELY FILING				
Long Desc	THE TIME LIMIT FOR FILING HAS EXPIRED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-524 ESC-524

Edit Information

Edit Number	524	esc Number	524	NCPDP Code	
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Short Desc	DEN NOT A COVERED ENROLLEE				
Long Desc	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-525 ESC-525

Edit Information

Edit Number	525	esc Number	525	NCPDP Code	
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Short Desc	DEN DEP IS NOT ELIGIBLE				
Long Desc	DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-526

ESC-526

Edit Information

Edit Number	526	esc Number	526	NCPDP Code	
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Short Desc	DEN NO DEP COVERAGE				
Long Desc	CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-527 ESC-527

Edit Information

Edit Number	527	esc Number	527	NCPDP Code	
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Short Desc	DEN NO NB COVERAGE				
Long Desc	CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-528

ESC-528

Edit Information

Edit Number	528	esc Number	528	NCPDP Code	
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Short Desc	BENEFIT MAX REACHED				
Long Desc	BENEFIT MAXIMUM HAS BEEN REACHED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-529

ESC-529

Edit Information

Edit Number	529	esc Number	529	NCPDP Code	
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Short Desc	DEN NOT A COV OR AUTH'D PROV				
Long Desc	SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK) PROVIDERS				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-530

ESC-530

Edit Information

Edit Number	530	esc Number	530	NCPDP Code	
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Short Desc	AUTH/PRE-CERT DENIED				
Long Desc	SERVICES DENIED AT TIME AUTHORIZATION/PRE-CERTIFICATION WAS REQUESTED				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-531 ESC-531

Edit Information

Edit Number	531	esc Number	531	NCPDP Code	
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Short Desc	NOT EMERGENT/URGENT CARE				
Long Desc	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-532

ESC-532

Edit Information

Edit Number	532	esc Number	532	NCPDP Code	
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Short Desc	CHG IN EXCESS OF FEE SCH				
Long Desc	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-533

ESC-533

Edit Information

Edit Number	533	esc Number	533	NCPDP Code	
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Short Desc	CHG EXCEED CONTR/LEGIS AMT				
Long Desc	CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-534

ESC-534

Edit Information

Edit Number	534	esc Number	534	NCPDP Code	
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Short Desc	DX NOT COV, MISSING OR INVALID				
Long Desc	DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-535

ESC-535

Edit Information

Edit Number	535	esc Number	535	NCPDP Code	
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Short Desc	NOT COV, ROUTINE				
Long Desc	NON-COVERED SERVICES: ROUTINE PROCEDURE DONE AT TIME OF ROUTINE EXAM.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-536

ESC-536

Edit Information

Edit Number	536	esc Number	536	NCPDP Code	
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Short Desc	NOT COV, NOT MED NEC				
Long Desc	NON-COVERED SERVICES BECAUSE NOT DEEMED 'MEDICAL NECESSITY' BY PAYER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-537

ESC-537

Edit Information

Edit Number	537	esc Number	537	NCPDP Code	
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Short Desc	PRE-EXISTING				
Long Desc	THESE ARE NON-COVERED SERVICES BECAUSE PRE-EXISTING CONDITION				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-538

ESC-538

Edit Information

Edit Number	538	esc Number	538	NCPDP Code	
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Short Desc	PROV INCONSISTENT WITH SERVICE				
Long Desc	NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-539

ESC-539

Edit Information

Edit Number	539	esc Number	539	NCPDP Code	
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Short Desc	NOT COV, RENDERED BY FAMILY MBR				
Long Desc	SERVICES BY IMMED RELATIVE OR MEMBER OF SAME HOUSEHOLD NOT COVERED				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-540 ESC-540

Edit Information

Edit Number	540	esc Number	540	NCPDP Code	
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Short Desc	NOT COV, MULTIPL PA				
Long Desc	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-541 ESC-541

Edit Information

Edit Number	541	esc Number	541	NCPDP Code	
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Short Desc	EXPERIMENTAL/INVESTIGATIONAL				
Long Desc	DENIED BECAUSE IT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-542 ESC-542

Edit Information

Edit Number	542	esc Number	542	NCPDP Code	
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Short Desc	LESS THAN EFF TREATMENT/SVC				
Long Desc	LESS THAN EFFECTIVE TREATMENT/SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-543

ESC-543

Edit Information

Edit Number	543	esc Number	543	NCPDP Code	
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Short Desc	SERVICE(S) NOT JUSTIFIED				
Long Desc	SERVICE(S) NOT JUSTIFIED				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-544 ESC-544

Edit Information

Edit Number	544	esc Number	544	NCPDP Code	
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Short Desc	INAPP OR INVALID POS				
Long Desc	INAPPROPRIATE OR INVALID PLACE OF SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	v	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
---------------------	--	----------------	--	---------------	--

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-545 ESC-545

Edit Information

Edit Number	545	esc Number	545	NCPDP Code	
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Short Desc	MULTIPLE SURGERY RULES APPLIED				
Long Desc	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-546 ESC-546

Edit Information

Edit Number	546	esc Number	546	NCPDP Code	
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Short Desc	NOT COV, PROXIMITY TO INPT CARE				
Long Desc	OUTPATIENT SERVICES WITH PROXIMITY TO INPATIENT SERVICES NOT COVERED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-547 ESC-547

Edit Information

Edit Number	547	esc Number	547	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	ADJ CHGS, NO SSO				
Long Desc	CHARGES ADJUSTED FOR FAILURE TO OBTAIN SECOND SURGICAL OPINION.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-548

ESC-548

Edit Information

Edit Number	548	esc Number	548	NCPDP Code	
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Short Desc	AUTH NOF OR EXCEEDED				
Long Desc	PAYMENT DENIED/REDUCED AUTHORIZATION MISSING OR EXCEEDED				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-549

ESC-549

Edit Information

Edit Number	549	esc Number	549	NCPDP Code	
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Short Desc	PRIMARY PAYER AMT				
Long Desc	PRIMARY PAYER AMOUNT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-550 ESC-550

Edit Information

Edit Number	550	esc Number	550	NCPDP Code	
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Short Desc	NOT COV, ADJ DAYS/ROOM CHG				
Long Desc	NON-COVERED DAYS/ROOM CHARGE ADJUSTMENT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-551 ESC-551

Edit Information

Edit Number	551	esc Number	551	NCPDP Code	
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Short Desc	INTEREST AMT				
Long Desc	INTEREST AMOUNT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-552

ESC-552

Edit Information

Edit Number	552	esc Number	552	NCPDP Code	
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Short Desc	ADJ BENF, PLAN PROC NOT FOLLOWED				
Long Desc	BENEFITS ADJUSTED. PLAN PROCEDURES NOT FOLLOWED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-553

ESC-553

Edit Information

Edit Number	553	esc Number	553	NCPDP Code	
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Short Desc	NON-COVERED CHARGE(S)				
Long Desc	NON-COVERED CHARGE(S).				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-554 ESC-554

Edit Information

Edit Number	554	esc Number	554	NCPDP Code	
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Short Desc	PD IN ALLOW W/OTH SVC/PRC				
Long Desc	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-555 ESC-555

Edit Information

Edit Number	555	esc Number	555	NCPDP Code	
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Short Desc	PD PT/INS/RESP PARTY				
Long Desc	PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-556

ESC-556

Edit Information

Edit Number	556	esc Number	556	NCPDP Code	
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Short Desc	SVC MUST BE COMPLETED				
Long Desc	PAYMENT UPON COMPLETION OF SERVICES OR CLAIM ADJUDICATION.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-557 ESC-557

Edit Information

Edit Number	557	esc Number	557	NCPDP Code	
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Short Desc	INV CLM SUBMISSION SEQUENCE				
Long Desc	INVALID CLAIM SUBMISSION SEQUENCE				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-558

ESC-558

Edit Information

Edit Number	558	esc Number	558	NCPDP Code	
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Short Desc	ADJ PYMT, RENT/PURC GUDLIN NOT MET				
Long Desc	PAYMENT REDUCED BECAUSE RENT/PURCHASE GUIDELINES WERE NOT MET.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-559

ESC-559

Edit Information

Edit Number	559	esc Number	559	NCPDP Code	
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Short Desc	SEND CLM TO CORRECT PAYER				
Long Desc	YOU MUST SEND THE CORRECT CLAIM TO CORRECT PAYER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-560

ESC-560

Edit Information

Edit Number	560	esc Number	560	NCPDP Code	
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Short Desc	BILLING DT PRECEEDS DOS				
Long Desc	BILLING DATE PREDATES SERVICE DATE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-561 ESC-561

Edit Information

Edit Number	561	esc Number	561	NCPDP Code	
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Short Desc	NOT COV, UNLESS PRV ACPT ASSIGN				
Long Desc	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-562

ESC-562

Edit Information

Edit Number	562	esc Number	562	NCPDP Code	
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Short Desc	SVC NOT PERFORMED FOR PT				
Long Desc	NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-563

ESC-563

Edit Information

Edit Number	563	esc Number	563	NCPDP Code	
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Short Desc	NOT COV, OUTSIDE US OR DUE WAR				
Long Desc	DENIED BECAUSE SERVICE PROVIDED OUTSIDE U.S. OR AS A RESULT OF WAR.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-564

ESC-564

Edit Information

Edit Number	564	esc Number	564	NCPDP Code	
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Short Desc	NOT COV, NO FDA APPROVAL				
Long Desc	PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG ADMINISTRATION.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-565

ESC-565

Edit Information

Edit Number	565	esc Number	565	NCPDP Code	
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Short Desc	PROC POSTPOSED OR CANCELED				
Long Desc	PAYMENT ADJUSTED AS PROCEDURE POSTPONED OR CANCELED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-566

ESC-566

Edit Information

Edit Number	566	esc Number	566	NCPDP Code	
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Short Desc	INDEMNIFICATION NON-COMPLIANT				
Long Desc	ADVANCE INDEMNIFICATION NOTICE DID NOT COMPLY WITH REQUIREMENTS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-567 ESC-567

Edit Information

Edit Number	567	esc Number	567	NCPDP Code	
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Short Desc	TRANS COVD TO CLOSEST FACILITY				
Long Desc	ADJUSTMENT BECAUSE TRANSPORTATION ONLY COVERED TO CLOSEST FACILITY				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-568

ESC-568

Edit Information

Edit Number	568	esc Number	568	NCPDP Code	
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Short Desc	BENEFIT MAX REACHED				
Long Desc	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-569

ESC-569

Edit Information

Edit Number	569	esc Number	569	NCPDP Code	
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Short Desc	SUBMISSION/BILLING ERROR				
Long Desc	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S).				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-570 ESC-570

Edit Information

Edit Number	570	esc Number	570	NCPDP Code	
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Short Desc	NB SVCS INCLUDED W/MOM				
Long Desc	NEWBORN'S SERVICES ARE COVERED IN THE MOTHER'S ALLOWANCE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-571 ESC-571

Edit Information

Edit Number	571	esc Number	571	NCPDP Code	
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Short Desc	PRIOR PROC APPEARS INCORRECT				
Long Desc	PAYMENT DENIED - PRIOR PROCESSING INFORMATION APPEARS INCORRECT.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-572

ESC-572

Edit Information

Edit Number	572	esc Number	572	NCPDP Code	
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Short Desc	PENDING FURTHER REVIEW				
Long Desc	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-573

ESC-573

Edit Information

Edit Number	573	esc Number	573	NCPDP Code	
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Short Desc	DEN, INTERIM BILL				
Long Desc	CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-574 ESC-574

Edit Information

Edit Number	574	esc Number	574	NCPDP Code	
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Short Desc	PROC FOR PRIOR PAY NOT FOLWD				
Long Desc	CLAIM ADJUSTED. PLAN PROCEDURES OF A PRIOR PAYER WERE NOT FOLLOWED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-575

ESC-575

Edit Information

Edit Number	575	esc Number	575	NCPDP Code	
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Short Desc	APP PROC NOT FOLWD OR TF				
Long Desc	CLAIM DENIED. APPEAL PROCEDURES NOT FOLLOWED OR TIME LIMITS NOT MET.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-576

ESC-576

Edit Information

Edit Number	576	esc Number	576	NCPDP Code	
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Short Desc	PT DOES NOT MATCH ID NO				
Long Desc	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-577 ESC-577

Edit Information

Edit Number	577	esc Number	577	NCPDP Code	
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Short Desc	DOS SPANS ELIG & INELG PERIODS				
Long Desc	DATES SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-578

ESC-578

Edit Information

Edit Number	578	esc Number	578	NCPDP Code	
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Short Desc	DX INVALID ON DOS				
Long Desc	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-579

ESC-579

Edit Information

Edit Number	579	esc Number	579	NCPDP Code	
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Short Desc	PROV CONT NOF OR EXPIRED				
Long Desc	PROVIDER CONTRACTED/NEGOTIATED RATE EXPIRED OR NOT ON FILE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-580 ESC-580

Edit Information

Edit Number	580	esc Number	580	NCPDP Code	
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Short Desc	INFO MISSING FOR PROCESSING				
Long Desc	INFO. FROM ANOTHER PROVIDER NOT PROVIDED/INSUFFICIENT/INCOMPLETE				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-581

ESC-581

Edit Information

Edit Number	581	esc Number	581	NCPDP Code	
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Short Desc	UNGROUPABLE DRG				
Long Desc	CLAIM DENIED; UNGROUPABLE DRG				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-582

ESC-582

Edit Information

Edit Number	582	esc Number	582	NCPDP Code	
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Short Desc	NON-COVERED VISITS				
Long Desc	NON-COVERED VISITS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-583

ESC-583

Edit Information

Edit Number	583	esc Number	583	NCPDP Code	
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Short Desc	COV GUIDLES NOT MET OR EXCEEDED				
Long Desc	COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-584

ESC-584

Edit Information

Edit Number	584	esc Number	584	NCPDP Code	
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Short Desc	ADJ PYMT, TYPE OF PROVIDER				
Long Desc	PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDE				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-585 ESC-585

Edit Information

Edit Number	585	esc Number	585	NCPDP Code	
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Short Desc	PROV NOT CERT/ELIG ON DOS				
Long Desc	PROVIDER NOT CERTIFIED/ELIGIBLE FOR THIS SERVICE ON DATE OF SERVICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-586 ESC-586

Edit Information

Edit Number	586	esc Number	586	NCPDP Code	
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Short Desc	ALT SVC AVAIL, NOT UTILIZED				
Long Desc	NOT COVERED/REDUCED, ALTERNATIVE SERVICES AVAILABLE BUT NOT UTILIZED.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-587 ESC-587

Edit Information

Edit Number	587	esc Number	587	NCPDP Code	
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Short Desc	PT ENROLLED IN HOSPICE				
Long Desc	SERVICES NOT COVERED BECAUSE THE PATIENT IS ENROLLED IN A HOSPICE.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-588 ESC-588

Edit Information

Edit Number	588	esc Number	588	NCPDP Code	
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Short Desc	COMPONENT OF BASE PROC PAID				
Long Desc	ALLOWED AMT REDUCED, A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-589

ESC-589

Edit Information

Edit Number	589	esc Number	589	NCPDP Code	
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Short Desc	TRANS TO PROPER PAYER FOR PYMT				
Long Desc	CLAIM TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-590 ESC-590

Edit Information

Edit Number	590	esc Number	590	NCPDP Code	
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Short Desc	SVC NOT DOC IN PTS MED REC				
Long Desc	SERVICES NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-591 ESC-591

Edit Information

Edit Number	591	esc Number	591	NCPDP Code	
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Short Desc	DUPLICATE				
Long Desc	PREVIOUSLY PAID				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-592 ESC-592

Edit Information

Edit Number	592	esc Number	592	NCPDP Code	
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Short Desc	ONE VISIT/CONSULT PER PHY PER DAY				
Long Desc	DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-593

ESC-593

Edit Information

Edit Number	593	esc Number	593	NCPDP Code	
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Short Desc	PROC/SVC NOT PD SEPARATELY				
Long Desc	PYMT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-594

ESC-594

Edit Information

Edit Number	594	esc Number	594	NCPDP Code	
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Short Desc	NO MD RX, PRIOR TO DEL, OR RX INV				
Long Desc	NOT PRESCRIBED BY DOCTOR, PRIOR TO DELIVERY, OR PRESCRIPTION INVALID.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-595 ESC-595

Edit Information

Edit Number	595	esc Number	595	NCPDP Code	
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Short Desc	CPT/MOD INVALID ON DOS				
Long Desc	PROCEDURE CODE/MODIFIER INVALID ON DATE OF SERVICE				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-596

ESC-596

Edit Information

Edit Number	596	esc Number	596	NCPDP Code	
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Short Desc	SVC PAR OR FULL FURN BY OTHER PRV				
Long Desc	SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-597 ESC-597

Edit Information

Edit Number	597	esc Number	597	NCPDP Code	
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Short Desc	ADJ PYMT, BASED ON DX				
Long Desc	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-598 ESC-598

Edit Information

Edit Number	598	esc Number	598	NCPDP Code	
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Short Desc	FAILURE OF PROFICIENCY TESTING				
Long Desc	PROVIDER FAILED AN ASPECT OF A PROFICIENCY TESTING PROGRAM.				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-599 ESC-599

Edit Information

Edit Number	599	esc Number	599	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)
